

Lily Care Northants Ltd

Millway

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 5, 20 and 21 March 2018. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Millway on our website at www.cqc.org.uk"

We undertook an unannounced focused inspection of Millway on 14, 15 and 20 August 2018. We visited the location office and one of the supported living houses on the 14 August, visited a person who used the domiciliary care service at their home on the 15 August and spoke to their relative on the telephone on the 20 August.

The team inspected the service against three of the five questions we ask about services: is the service well led, safe and effective. This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining key questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

This service provides a combination of support as a domiciliary care agency and supported living service. It provides personal care to people living in their own houses and flats in the community and specialist housing. The supported living service provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

People using the supported living service lived in one 'house in multi-occupation'. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities. At the time of our inspection, there were three people in total receiving support with personal care; one person was receiving domiciliary care and two people were receiving the supported living service. The service provides support to younger and older adults with physical and mental health support needs.

Not everyone using Millway receives the regulated activity of 'personal care'; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the last two comprehensive inspections in January 2017 and March 2018 this service was rated requires improvement. At this focussed inspection the service continues to be rated as requires improvement.

There was a registered manager in post; they were also the provider. A new manager had also been recruited and they were preparing to register as manager for the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The provider had made some improvements to the systems in place to assess, monitor and improve the quality and safety of the service. However, further improvements were required to ensure that audits were in place for all areas necessary and that required actions were taken in response to audit findings.

The arrangements in place to ensure that risks to people's health and well being had improved. However, the provider had not ensured that the necessary documentation was in place to provide staff with information on environmental risks in people's homes and guide them how to support people safely in an emergency. Although regular checks of equipment were in place, staff did not always take appropriate action when concerns were identified.

Where people required their medicines to administered via a specialist route, staff had not carried out necessary risk assessments to ensure they were following safe practice. The arrangements in place for medicines record keeping had improved and appropriate arrangements were in place for the storage of medicines.

Improvements were required to ensure staff working for the domiciliary part of the service consistently attended visits when people expected them. Within the supported living service, there were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were safeguarded from harm as the provider had effective systems in place to prevent, recognise and report concerns to the relevant authorities. Staff knew how to recognise harm and were knowledgeable about the steps they should take if they were concerned that someone may be at risk.

Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role.

People were supported to maintain good health and had access to healthcare services when needed. People were protected from the risk of infection by staff that were trained in infection control and complied with infection prevention procedures.

People and staff had sufficient opportunities to provide feedback and contribute to the running of the service. Surveys of people's views and meetings had been carried out. People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles.

The provider and registered manager were still working on an action plan to achieve and embed the improvements required from the previous inspection.

During the inspection, concerns were raised with us about the standard of care and support provided to one person. In response to these concerns a safeguarding referral has been raised with the local safeguarding authority; this is currently under investigation.

At this inspection, we found the service continued to be in breach of two regulations of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The actions we have taken are detailed at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Further improvements were required to the measures in place to assess risks to people's health and wellbeing.

Staff were not consistently deployed to provide people's domiciliary support.

Medicine record keeping had improved and appropriate arrangements were in place for the storage of medicines.

Safe recruitment procedures were followed.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The principles of the Mental Capacity Act (MCA) 2005 had been applied appropriately. This now needs to be sustained and embedded.

Staff had received the training and support they required to ensure that they had sufficient knowledge and skills to provide care to people safely.

People were supported to access relevant health and social care professionals to ensure they received the care and treatment that they needed.

People received the support they required to ensure that their nutritional needs were met.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Improvements had been made to the systems in place to

Requires Improvement ●

monitor the safety and quality of people's care. However, audits were not consistently in place and findings of audits were not always acted upon.

People were given sufficient opportunities to provide feedback regarding their experiences of the service.

A new manager was in post, they were preparing to register as manager for the service and they were available to provide support to people and staff.

Millway

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

We undertook an unannounced focused inspection of Millway on 14, 15 and 20 August 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection on 5, 20 and 21 March 2018 had been made. The team inspected the service against three of the five key questions we ask about services: is the service safe and well led. This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining key questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection"

We visited the location office and one of the supported living houses on the 14 August, visited a person who used the domiciliary care service at their home on the 15 August and spoke to their relative on the telephone on the 20 August.

The inspection was undertaken by one inspector and one specialist professional nursing advisor. The specialist nurse for this inspection had experience of working in mental health services.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

We checked the information we held about the service including statutory notifications. A notification is information about important events, which the provider is required to send us by law.

We reviewed the information we held about the service, including information sent to us by other agencies, such as the local safeguarding authority and Healthwatch; an independent consumer champion for people who use health and social care services. We also contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people, which are paid for by the local authority.

During this inspection, we spoke with three people who used the service and one person's relative. We also observed interactions between people and staff. We spoke with five members of staff, including the registered manager and support staff. We looked at records relating to the personal care and support of two people using the service. We also looked at three staff recruitment records and other information related to the management oversight and governance of the service. This included quality assurance audits, staff training and supervision information, staff deployment schedules and the arrangements for managing complaints.

Is the service safe?

Our findings

At the previous inspection in March 2018, we rated 'Safe' as 'Requires Improvement'. At this inspection, 'Safe' continues to be rated 'Requires Improvement'.

At the last inspection in March 2018, we identified the provider was in breach of Regulation 12(1) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that some improvements had been made, however there were still areas where improvements were required and the service continued to be in breach of Regulation 12(1).

At the previous inspection we identified that people did not have suitable risk assessments in place to ensure that risks were identified and action taken to mitigate the risk of harm. At this inspection we found that some improvements to risk assessments had been made. We found that risk assessments had been produced to cover some areas of risk present in people's lives; for example, falls and medicines. The provider had carried out risk assessments of environmental hazards in the supported living houses and people using the supported living service had personal emergency evacuation plans in place.

However, the provider had not considered the need to carry out risk assessments of environmental hazards in the homes of people in receipt of domiciliary care. There was a risk that hazards would not be recognised or addressed. Staff were deployed to provide 24-hour support in people's own homes; which increased the likelihood that staff may be present in an emergency situation and would be required to help people to evacuate. The service provided domiciliary support to people with complex physical and mental health needs, but did not have personal emergency evacuation plans in place to advise staff of the action they should take to support them in an emergency. There was a risk that staff would not have the knowledge required to support people to evacuate their home promptly, putting them at increased risk of harm.

Some people supported by the service required their nutrition and medicines to be administered via a specialist route. Where people required their medicines to be administered by a percutaneous endoscopic gastroscopy (PEG) tube they could not be assured that staff followed appropriate guidelines to ensure these were administered safely. Staff told us that they administered all of one person's medicines via a PEG tube at the same time. Current guidance is that medicines should be administered via a PEG tube separately, flushing the tube with water between each medicine. No risk assessment had been carried out to consider the potential risks associated with this practice. Staff stated that a health professional involved in the person's care had agreed to their medicines being administered in this way. However, there was no documented record of this or any evidence that this decision had been discussed with a pharmacist. We discussed our concerns with the manager, who agreed to speak to the pharmacist who dispensed the person's medicines to gain written guidance on how the person's medicines should be administered. We recommend that the provider reviews staff practice in this area in line with the British Association for Parenteral and Enteral Nutrition (BAPEN) guidelines for medicines administration via percutaneous endoscopic gastroscopy.

Although regular checks of equipment were in place, staff did not always take appropriate action when

concerns were identified. Staff were recording the temperature of the fridge and freezer in one of the supported living houses. The temperatures recorded were above the identified safe temperature on many occasions, but no action had been taken. We discussed our findings with the manager who agreed to dispose of the food as we could not be sure it was safe for people to eat. They also agreed to discuss with staff the actions that should be taken in response to concerns about the effectiveness and safety of equipment.

These concerns constitute an ongoing breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

Improvements were required to ensure staff consistently attended domiciliary care visits at the time they were expected. One person's relative told us that staff had been late for their care call on several occasions recently. We raised a safeguarding with the local safeguarding authority in response to their feedback. We also discussed their concerns with the manager, who agreed to look into their concerns and take action to ensure that they received their calls at the time they expected them in future.

Sufficient numbers of staff were allocated to provide support to people who used the supported living service. People told us that there were sufficient staff available to meet their choices and needs. One person said, "We have lots of things we can do, the staff are always here to encourage and support people." Staffing rotas for the domiciliary and supported living service reflected that staffing was consistent, and people were given care and support by a dedicated staff team.

At the previous inspection we identified that improvements were required to medicines record keeping. At this inspection, we found that medication administration records (MAR) were completed accurately. The provider carried out regular audits of medicines and any shortfalls found were quickly addressed. The manager had written protocols for medicines that were only to be given when required; these needed to be disseminated to staff and be made available for them to refer to when administering people's medicines. This was discussed with the manager, who agreed to ensure that these records were kept with people's MAR charts.

At the previous inspection we found that people were not always protected against the risks associated with the appointment of new staff. The provider had not ensured that all staff had a criminal record check in place before they worked with people. At this inspection we found that safe recruitment practices were in place. All staff had been checked for any criminal convictions and employment references had been gained before they started work.

People told us they felt safe with staff supporting them. One person said, "Yes, I feel safe and I know my belongings are safe." People were protected from avoidable harm and abuse because staff understood the possible signs of abuse and knew how to report any concerns. The staff we spoke with had a good understanding of safeguarding procedures. They were able to explain how they would contact the local safeguarding team should they need to.

There were processes in place to ensure that accidents and incidents were recorded and reported to the provider and outside agencies as necessary. No accidents or incidents had occurred involving people who used the service since the last inspection. However, the manager told us that should an accident or incident occur they would review the circumstances and discuss these with staff to encourage on going learning.

People were protected by the prevention and control of infection. Staff were aware of the principles of infection control, they told us that they washed their hands and wore disposable gloves and aprons when

providing personal care. Staff received regular training in infection control.

Is the service effective?

Our findings

At the previous inspection in March 2018, we rated 'Effective' as 'Requires Improvement'. At this inspection, 'Effective' continues to be rated 'Requires Improvement'.

At the last inspection in March 2018, we identified the provider was in breach of Regulation 11(1) Need for consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that some improvements had been made and there was no longer a breach of the regulations. However; the rating reflects that the improvements made, need time to be embedded into practice on a longer-term basis.

At this inspection we found that people's support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The staff team understood the principles of the MCA and explained they always sought people's consent before providing any care or support, we saw this happening when we visited people. One member of staff explained how they worked alongside people, using gentle coaxing to encourage them in activities such as personal care and meal preparation.

The manager had a good understanding of the principles of the MCA and when to make a DoLS application on behalf of someone. People's ability to consent to their care and support had been considered by the manager and staff when developing people's plans of care. Staff had carried out appropriate assessments of people's capacity and DoLS applications had been made where needed.

At the previous inspection, we found that the systems in place to provide staff with supervision and appraisal required strengthening. Staff had not received appropriate on going or periodic appraisal or supervision in their role to ensure their competency was maintained. At this inspection we found that staff were receiving regular supervision meetings, however no appraisals were in place. The manager explained that they planned to undertake appraisal with all staff in the near future. As the manager was new in post they explained that they wanted to ensure they got to know staff through working with them and providing regular supervision before initiating formal appraisals.

At the previous inspection, we found that improvements were required to the arrangements in place to ensure that staff received the training that they required to carry out their role. At this inspection we found that systems were in place to monitor staff training and staff had received the training they required. Staff

told us that they attended training regularly and records showed that regular training was in place. One member of staff said, "I spoke to [manager] about training in my last supervision, As well as the online training I've done practical moving and handling, PEG feeding and bowel care. I've done my NVQ level 2 and now want to do level 3. I was able to talk to the manager about doing this."

People continued to receive appropriate support to maintain a healthy balanced diet. People at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. Where people required their nutrition via a PEG tube staff had received the appropriate training to ensure they were competent to provide this. People using the supported living service were encouraged to choose their own meals and people told us that staff encouraged them to shop for and cook their own food. We saw one person go to the local supermarket to do their food shopping during the inspection.

People were supported to access a wide variety of health and social care services. Staff had a good knowledge of other services available to people, including mental health support, community nursing services and reviewing officers. One person had recently required admission to an acute mental health setting and staff were supporting them to transition back into the supported living house.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

Is the service well-led?

Our findings

At the previous inspection in March 2018, we rated 'Well led' as 'Requires Improvement'. At this inspection, 'Well led' continues to be rated 'Requires Improvement'.

At the last inspection in March 2018, we identified the provider was in breach of Regulation 17(1) Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that some improvements had been made, however there were still areas where improvements were required and the service continued to be in breach of Regulation 17(1).

At the previous inspection we found that the provider had not deployed appropriate systems or processes to assess, monitor and improve the quality and safety of the care people received. Planned audits had not taken place and there was no system of governance in place to monitor the quality and safety of the service.

At this inspection we found that, whilst a system of governance had been implemented, it did not cover all aspects of the service. For example, there were no recorded spot checks or audits in place for people supported in their own home. The manager and staff told us that the deputy manager monitored this as they regularly worked with staff to support the person receiving domiciliary support. However, due to the random nature of this monitoring there was a lack of consistency to the areas checked. As records were not kept of the findings of these checks, staff were unable to reflect on any shortfalls identified or measure improvements. Concerns related to the way people's medicines were administered and staffing deployment to people using the domiciliary care service had not been identified.

The findings of some audits had not been acted upon. For example, staff were recording the temperature of the room where medicines were stored in one of the supported living houses. The temperature was found to be above the identified safe temperature on many occasions but no actions were recorded. The manager contacted the pharmacist during the inspection to check whether the temperatures recorded would have a negative impact on the effectiveness and safety of people's medicines. The pharmacist advised that the temperatures were within a safe range. However, the audits showed a lack of prompt action by staff and the manager in response to potentially unsafe findings.

These concerns constitute a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

As a result of the previous inspection, the provider put together an action plan immediately to address the concerns that had been raised. The Care Quality Commission (CQC) was sent regular updates on the progress that had been made. It was clear that the provider wanted to address the shortfalls that had been identified at the previous inspection. However, changes to the management of the service has affected the provider's ability to make the required improvements as swiftly as necessary. A new manager is now in post and they are working to ensure all required improvements are made, and embedded and sustained at the service.

Weekly and monthly audits had been introduced to the supported living service; these included audits of medicines, the supported living environment, personnel files and finances. Where shortfalls had been identified actions had been created to address these. Record keeping in relation to medicines, people's care documentation, staff recruitment, supervision and training had improved.

The manager had implemented systems to ensure that they were meeting the requirements of the Mental Capacity Act (MCA) 2005 and to ensure that the care and support that people received did not infringe upon their right to make their own decisions. People had appropriate mental capacity assessments and care and support was provided in their best interest.

At the previous inspection we found that the provider did not have a current overview of people's experiences of the service. No quality surveys had been undertaken and regular meetings were not in place to enable people and staff contribute to the running of the service.

At this inspection we found that the manager had recently sent a quality survey out to people and relatives and was waiting for their responses. Tenant's meetings had taken place in the supported living service and we saw minutes of meetings for June and July that demonstrated people's involvement. One person told us, "We have house meetings now, I'm the chair person. We talk about what's happening in the house, activities and any plans we want to make."

Staff meetings were also held regularly, we saw handwritten minutes of meetings that showed discussions about recruitment, medicines, risk assessment, support plans and activities. We recommend that minutes are typed up and provided to all staff to enable them to reflect on the content of the meeting.

People and staff spoke positively of the new manager. One person said, "[Manager] is a great manager, the best." A member of staff told us, "Things are going in the right direction [manager] is trying to get to know all the people and staff and I feel supported." Another member of staff said, "I've noticed a change since [manager] started, they get things done." We observed that the manager was knowledgeable about the people who used the service and people were comfortable as they interacted with them.

All providers have a legal responsibility to notify CQC without delay about certain important events that occur at a service. At the previous inspection we found that the registered manager had not submitted the appropriate statutory notifications to CQC for incidents such as safeguarding alerts. This constituted a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009: Notification of other incidents. At this inspection we found that the provider and manager had submitted notifications as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>the provider had not ensured that the necessary documentation was in place to provide staff with information on environmental risks in people's homes and guide them how to support people safely in an emergency. Although regular checks of equipment were in place, staff did not always take appropriate action when concerns were identified.</p> <p>Where people required their medicines to administered via a specialist route, staff had not carried out necessary risk assessments to ensure they were following safe practice.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Improvements were required to the systems in place to assess, monitor and improve the quality and safety of the service.</p>