Ms Dawn Aplin

Lilly House

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 caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Lilly House is a residential care home providing personal care to 4 younger adults with learning disability and autism at the time of the inspection. The service can support up to 4 people in one adapted building.

Lilly House is a family sized house in a residential area, similar in appearance to the other houses in the street. It is close to local amenities and affords easy access to the community.

People's experience of using this service and what we found
The service was not always safe. There were not always enough staff with the right skills and training deployed across the service.

The risk of scalding was not managed effectively. Staff had failed to identify issues with monthly water temperature checks and mechanisms to keep water at an appropriate temperature were not serviced or maintained as required.

Infection prevention and control practices required improvement. Personal Protective Equipment (PPE) was being disposed of in a communal bin and specific cleaning schedules were not in place.

The provider failed to have adequate systems in place to monitor the quality of care provided. Several audits were not taking place and there were not always effective action plans to mitigate risk.

Whilst it was evident that the provider had some quality control systems in place, we observed that they did not always identify issues or result in improvements and were therefore not always effective.

Improvements were required to end of life care planning to meet best practice guidance such as that provided by the Gold Standards Framework.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems at Lilly House did not support this practice.

Medicines administration was safely managed. However, the audit systems in place to monitor the stock of high risk medicines was not sufficiently robust.

People's individual risks were managed in a safe way and staff knew how to protect people from the risk of harm and abuse. Risk assessments were completed appropriately, for example around personal care, nutrition and emotional wellbeing.

Care records were person centred and contained sufficient information about people's preferences, specific routines, their life history and interests.

Staff and the management team were kind, caring and compassionate. People's relatives told us that the staff were kind to them and this was confirmed during our observations.

People were supported to maintain a healthy diet by a staff team who knew their individual preferences. People had options regarding their meals and were able to help themselves to food and drink.

People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.

The provider had systems in place to encourage and respond to any complaints or compliments. The provider and management team had good links with the local communities within which people lived.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure people who use the service can live as full a life as possible and achieve the best possible outcomes including control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 9 April 2019 and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about staffing and staff training. A decision was made for us to inspect and examine those risks. As the service was registered with us on 9 April 2019 and was yet to be inspected, a decision was taken to undertake a comprehensive inspection.

We have found evidence the provider needs to make improvements. Please see the Safe, Effective and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staffing, staff training, medicines, environment, infection prevention and control and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was not always Effective. Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was Caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was Responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always Well-Led. Details are in our Well-Led findings below.	**Requires Improvement**

Lilly House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Lilly House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The inspection was unannounced; however, we spoke to the manager on the phone before entering the service. This supported the home and us to manage any potential risks associated with Covid-19.

What we did before the inspection
We reviewed information we had received about the service since its registration, such as statutory notifications from the service and information provided by members of the public. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with one relative about their experience of the care provided. We observed staff supporting people who were unable to talk to us. We spoke with three members of staff including the registered manager and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision and one agency staff record. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at staff induction information, training data and information around complaint and commendations.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment; Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong

● There were not always enough staff with the right skills and training deployed across the service. Agency members of staff were utilised without having the appropriate training in physical intervention. Over a period of two months we found there were 29 occasions where agency staff were expected to meet the behavioural needs of people living at the service. Records showed that an agency member of staff had restrained a person on one occasion. This put people at risk of harm from improper or unnecessary intervention.

● People were at risk of being scalded. The monthly water temperature checks showed water temperatures were regularly recorded as being above the Health and Safety Executive (HSE) recommended maximum temperature of 44 degrees Celsius. On six occasions between 25 May 2020 and 28 July 2020 the water was found to be above the recommended temperature and staff had failed to identify this as an issue or take any action to address it. Control measures to regulate water temperatures had not been maintained as required. This placed people at risk of scalding.

● Staff had not considered the implications of disposing of Personal Protective Equipment (PPE) in a communal bin in relation to Covid-19. We saw PPE had been disposed of in the kitchen bin. People who use the service had access to the kitchen bin and one person's care plan stated they may attempt to put inedible objects into their mouth. This put people at risk of infection.

● Specific cleaning schedules were not in place and the registered manager could not evidence specific cleaning tasks were taking place. There was an infection control daily audit in place, but this had not been completed accurately for each day during the month of August 2020. This put people at risk of infection.

● Trends and themes had not been identified linked to when people displayed behaviours that posed a risk to themselves or others. Antecedent, Behaviour and Consequence (ABC) charts were not being monitored and therefore trends in people's behaviours had not been identified.

The provider had failed to ensure people were protected from the risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff recruitment was safe. Pre-employment checks were carried out when appointing a staff member to ensure they were suitable to work with vulnerable people. For example, a criminal conviction check and previous employer references were obtained.

● Risks to people's individual health and wellbeing were assessed, managed and regularly reviewed within people's care plans and staff understood where people needed support to reduce the risk of avoidable harm. Staff we spoke to knew about people's individual risks in detail and could tell us how risks were managed and monitored.

Systems and processes to safeguard people from the risk of abuse;
● Staff were trained in safeguarding and knew how to recognise the signs of abuse. The staff we spoke with said they know how to report incidents and who to report them to.
● Staff were aware of the whistle blowing policy. This allows staff to raise concerns anonymously when they have concerns about anything they feel is not right.
● Safeguarding alerts had been raised appropriately and clear records were maintained.

Using medicines safely
● People received their medicines in a safe way. Documentation was clear, side effects and contra-indications were all documented. Medicines Administration Record (MAR) charts were completed accurately and people were being given their medicines as prescribed in the way they preferred.
● The registered manager understood and adhered to the 'stopping the overmedication of people' (STOMP) initiative which is aimed at stopping overmedicating people with a learning disability, autism or both with psychotropic medicines. Staff supported one person to reduce and ultimately stop taking a medicine with the input of a learning disability nurse.
● When people required medicines as and when, the correct protocols were in place and had been signed off by the General Practitioner (GP).

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) 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 take 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was unable to provide sufficient evidence Mental Capacity Assessments or best interest meetings were always being held for people who lacked capacity. Records could not always evidence the care provided to people was in line with law and guidance. However, we saw evidence of relevant professionals and relatives being involved in agreeing with people's plans of care. There were regular reviews completed to ensure the care provided continued to meet people's needs.
- We saw evidence that DoLS applications had been completed, however they did not cover people's care needs in full and documentation was not held within care plans. The registered manager agreed to ensure all documentation was completed in line with the MCA.

We recommend that the provider ensures all paperwork relating to mental capacity, best interest decisions and DoLS is kept up to date, relevant and within people's records of care.

Staff support: induction, training, skills and experience

- Agency members of staff did not receive all necessary training to ensure they were able to effectively support people. We have reported on this further in the 'is this service safe' section of the report.
- The provider had a robust induction policy that ensured permanent members of staff were given the opportunity to develop the relevant skills and experience to be able to offer effective support to people who used the service.
- Staff received regular supervision and guidance to support them in their roles. Staff told us their manager was very supportive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social needs were assessed before they commenced using the service to ensure staff understood people's needs and preferences. These assessments included personal care, nutrition and emotional wellbeing.
- People received their care and support by staff who knew them well.
- Relatives told us they had been involved in the care planning for their loved one. Regular reviews took place to ensure people's needs were being met.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. We saw that there were menu plans in place and that people had choice over what they ate.
- We saw evidence of good practice such as food temperature checks, food being in date and labelled correctly.
- We saw that people were able to access the kitchen freely and were able to help themselves to snacks and drinks from the fridge.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's care plans contained health action plans and hospital passports, which are documents designed to give hospital staff helpful information that is not only about illness and health.
- Staff made appropriate referrals to health services and held multi-disciplinary team meetings with health professionals to ensure that people's health needs were met in an appropriate and timely manner.
- Staff worked closely with a community nurse to support a person who required a blood test. The person had previously required a general anaesthetic in order to have a blood test as they became very anxious. Staff and the community nurse agreed a desensitisation programme for a period of two weeks and following this the person was able to undergo the blood test without the need for a general anaesthetic.

Adapting service, design, decoration to meet people's needs

- The house had been designed to provide additional rooms so people had space not just in their bedrooms. There was a large lounge, a conservatory and a sensory room in the main building. There was a stand-alone activities room with sensory equipment in the garden. The garden had been made tactile to meet people's sensory needs.
- Staff had decorated the house with pictures of the people who lived there and with items they had created. There was a mural on the wall the people living there had made from photographs of themselves. People's bedrooms were personalised and were decorated in line with their interests.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
● People received care from staff who knew them well. Staff had formed good relationships with people and treated them with care and compassion. One staff member told us, "Staff are consistent. They know people well and they have their best interests at heart."
● Care plans contained information about people's diverse needs and had identified the need for people to access places of religion and to participate in activities that were important to them. We saw staff had identified people's personal relationships with their circle of support and helped people to maintain these relationships.

Supporting people to express their views and be involved in making decisions about their care
● People were offered options and supported to make choices over their daily lives at the home. We saw staff used pictures to help people choose what activities they would like to take part in or what food they would like at mealtimes. One relative told us, "[Name] is given choice and control and their independence is encouraged as much as possible."
● Information on advocacy services was available in the home. An advocate is a person independent from the home who can come in to support a person to share their views and wishes if they want support.

Respecting and promoting people's privacy, dignity and independence
● People's privacy was respected; we saw staff knocking on people's doors before entering.
● Staff maintained confidentiality and records were kept safe. People's right to privacy and confidentiality was respected.
● We saw staff supporting people in a dignified way. Staff were respectful and ensured people had privacy when needed. Staff had placed a chair outside a person's room who was supported on a one-to-one basis so the person was afforded private time in their room, but could be heard by and supported by staff when required.
● People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. We saw that one person was encouraged by staff to gather their dirty laundry and take it to the laundry room with minimal support.

Is the service responsive?

Good

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● Care plans were person-centred and contained relevant and in-depth information on people living at the service. People and their relatives were involved in the development and review of their care and support plans.
● People were involved in decision making regarding all aspects of their care and support. Staff members knew the people they supported well and could tell us about their lives, the people who mattered to them and their individual routines and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● Staff supported people to maintain significant relationships with their families and friends. People were able to visit their families and friends on a regular basis. One relative told us, "Staff always make sure [name] is ready when they have a home visit."
● Staff supported people to access meaningful activities that they enjoyed. Staff supported people to participate in various activities in the community such as swimming, trampolining, shopping and walks both locally and further afield. Staff also supported people to take part in activities in the home, such as watching films, playing on a tablet, puzzles and playing in the garden. One relative told us, "There are enough activities. The staff support [name] well."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● The provider ensured people with a disability or sensory loss understood information they were given. Care plans contained easy read documentation using short simple sentences with pictures to make them easier to understand.

Improving care quality in response to complaints or concerns
● The registered manager advised us that the service had not received any complaints since he commenced management of the service in April 2020.
● The provider had a complaints and suggestions policy that was available for people and their relatives to read. One relative told us, "I have not had to, but I would know how to make a complaint."

End of life care and support

● The provider did not have an end of life policy in place. Following the inspection the registered manager advised us the service was developing an end of life policy.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes to monitor the effectiveness of the service were ineffective. There was no effective cleaning audit in place. There was no Antecedent, Behaviour and Consequence (ABC) Chart audit in place. The registered manager was not able to provide evidence of any medicine audits prior to August 2020. Handovers were not always completed effectively and the registered manager was not able to provide evidence that audits of handovers were taking place. The failure to appropriately audit these records put people at risk of receiving unsafe or inconsistent care. During inspection we advised the registered manager the handover and medicines audits needed to be implemented immediately to reduce the risk of harm to people.
- Auditing documentation required better action plans when issues were identified. The medicines audit did not have a section for what action would be taken to address any identified issues, by what date and by whom. This meant there was no evidence the medicines audit was driving continuous learning or was resulting in improved care.
- The registered manager lacked oversight of medicines records and stock. High risk medicines are subject to strict legal controls and legislation determines how they are prescribed, supplied, stored and destroyed. Records showed a high risk medicine was discontinued for a person and the remaining doses had been returned to the pharmacy. On checking the medicines stock we found the remaining doses remained on site and had been on site for 20 days since being signed for as returned. This lack of oversight of medicines presented a risk of the misuse of medicines.
- The provider had not recognised staff did not always have the right skills and training to keep people safe. Agency staff were not trained to carry out physical intervention. Care plans for all people stated they may need to be physically restrained by two members of staff when they presented with behaviours that could harm themselves or others. This put people at risk of harm from improper or unnecessary intervention.
- The registered manager was unable to provide evidence that all relevant Mental Capacity Assessments had been completed and there was no documentation within care plans. This had not been identified or acted upon during monthly care plan reviews. The failure of an effective system to identify and act on this put service users at risk of receiving inappropriate care that may put them at risk of not having their rights respected.
- Water temperatures had not been monitored in line with the provider's health and safety policy. The registered manager had failed to identify staff were not ensuring water was at a safe temperature before supporting people with personal care and control measures had not been maintained appropriately. Audits had not identified the increase in temperature in the hot water taps in several rooms. The failure of an

effective system to identify and act on this put staff and people at risk of harm.

The provider's failure to ensure good governance was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They were open and transparent throughout the inspection and have advised us they have commenced an action plan, with some issues already addressed.

● The registered manager understood their regulatory requirements to report incidents and events to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Staff and relatives said the management team was approachable and they felt supported by them. One staff member told us, "The registered manager is approachable and is fair to all staff." One relative told us, "The registered manager seems good and seems up to the job."
● Information within care plans was person-centred and included up to date, relevant information around people's needs, their likes and dislikes, their life history and family relationships.
● Staff were knowledgeable about people who used the service and demonstrated they took a person-centred approach to providing care. One relative told us, "Staff know [name] well and know their needs. They support them well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager was aware of their responsibilities under the duty of candour, which is a regulation all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
● The provider had implemented safeguarding and whistle blowing policies and had made all staff aware of them. There were posters in the communal areas advising people of who to contact if they had concerns. One member of staff told us, "I am aware I can anonymously report a concern about the service. I could go above my manager to the Operations Manager or the Proprietor, or I could go direct to the Local Authority. There is a poster in the communal area."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The management team worked with staff to identify improvements by holding monthly team meetings. One member of staff told us, "Things do change as a result of staff meetings. Staff are very good at identifying new approaches and improvements to ensure [names] are looked after as well as possible."
● Relatives told us they felt involved in decisions about Lilly House. Relatives had regular meetings with the management team. One relative told us, "They email me a weekly update and we have regular meetings where I can have input."
● People's equality characteristics were considered when sharing information, accessing care and activities.

Working in partnership with others
● The management team had established and maintained good links with local partners that would be of benefit to people who use the service, such as GP practices, community nurses and social work teams.
● The provider had worked closely with Public Health England throughout the Covid-19 pandemic to ensure

they had access to best practice guidance and they were accessing staff and resident testing appropriately.