

Mrs C Chesyre

Lilibet House

Inspection report

65 De Parys Avenue
Bedford
Bedfordshire
MK40 2TR

Tel: 01234272206
Website: www.lilibetcare.co.uk

Date of inspection visit:
04 July 2022
29 July 2022

Date of publication:
25 August 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lilibet House is a residential care home providing accommodation and personal care to up to 30 people, most of whom were living with different types of dementia. At the time of our inspection there were 25 people using the service.

The home is built over three floors. All bedrooms have a wash hand basin, shared toilets and bathrooms are located on each floor. In addition, there are shared living areas on the ground floor and first floor of the home. The care home has a private garden with a summer house available to people, their relatives and friends.

People's experience of using this service and what we found

Since the last inspection the provider had engaged with a care consultant to support with addressing shortfalls within the service. Protecting people from potential harm and abuse had improved. However, further work was required to ensure information within risk assessments provided guidance and direction to staff to reduce risk.

We received mixed feedback from relatives regarding the staffing levels in the service. Following the last inspection, the provider had reviewed the staffing levels and made amendments to the deployment of staff in the home. In addition, a recruitment drive was ongoing, and several new staff had joined the staff team. People appeared to be comfortable and relaxed with the staff in the service. Staff treated people with dignity and respect. Social engagement had improved since the last inspection and staff were observed encouraging people to participate in activities of their choice.

Staff received an induction which prepared them for their role. Staff told us they had completed additional specialist dementia training which had enhanced their understanding. One staff member told us, "The training provided a real insight into how a person living with dementia feels. It has made me think more about how I support people as well as refreshing my understanding of dementia." Staff felt supported by the registered manager, who they found to be approachable and visible in the service.

Cleaning schedules had been reviewed within the service. The service was visibly clean with no mal odour. A system was in place to reduce the risk of transmission of communicable disease. Staff and visitors had access to face masks, gloves and aprons.

Following the last inspection, the quality assurance system had been reviewed and additional checks had been implemented to identify and address shortfalls within the service. This required further time to evidence that processes were embedded within the service to sustain improvements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not

support this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 26 January 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of some regulations. However, not enough improvements had been made in other areas and the provider was still in breach of the associated regulation.

This service has been in Special Measures since 19 January 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lillibet House on our website at www.cqc.org.uk.

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to risk assessments at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lilibet 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lilibet House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lilibet House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 4 July 2022 and ended on 29 July 2022. We visited the location's service on 4 July 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people living at the service. We spoke with nine people's relatives. We spoke with nine staff including the provider, registered manager, deputy manager, care consultant and care staff.

We reviewed a range of records. This included eight people's care records and medication records. We looked at 12 staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service including audits, policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management; Lessons learnt when things go wrong

At our last inspection we found there were shortfalls in how people's safety was promoted in the home. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had made improvements to some aspects of this breach which included lessons learnt when things go wrong and preventing and controlling infection. However, not enough improvement had been made at this inspection and the provider was still in breach of regulation 12 in relation to accessing, monitoring and managing risk.

- Following the last inspection, the provider had commenced a review of all care records and risk assessments. Levels of individual risk had been rated, however, not all records provided guidance or actions for staff to follow to reduce risk. For example, where people were identified at risk of falls there was not information recorded for staff to follow to reduce risk of harm or injury.

We found no evidence that people had been harmed. However, peoples risk assessments were not robust enough to keep people safe. This placed people at risk of harm. This was a continual breach of regulation 12 (Safe, care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The provider had recently implemented a system to ensure peoples care records were reviewed monthly. This system required additional time to embed in the service.
- Systems were in place to ensure health and safety checks were completed regularly and the environment was maintained.
- The registered manager had made improvements in other areas of the service which included, staff training, care plan information and improved monitoring and review of incidents and accidents.
 - Outcomes of incidents and accident reviews were shared with the staff and discussed as part of reflective practice to support making changes and driving improvement in the service.

Preventing and controlling infection

- All visitors were requested to complete a COVID-19 lateral flow test and share a negative result before entering the home. In addition, face masks were provided to all visitors and hand sanitiser was readily available for use throughout the home.

- Staff had received training in infection control and were knowledgeable of measures to take to reduce risk of transmission of communicable disease.
- All staff were observed wearing and changing Personal Protective Equipment (PPE) including face masks, gloves and aprons as required throughout the day.
- On the day of inspection, the home was clean with no mal odour.
- Cleaning schedules had been improved for the kitchen and were monitored by the registered manager.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider did not have effective systems in place to safeguard people from risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 13.

- At the last inspection the inspector witnessed poor practice in relation to staff responding to people expressing resistance to care and support. At this inspection we did not observe these concerns.
- All required safeguarding referrals had been submitted to the appropriate organisation. A system was in place to ensure these were reviewed by the provider.
- Staff told us they had received safeguarding training and were aware of their responsibility to record and report concerns appropriately to the management and to external organisations including the local authority and Care Quality Commission (CQC).

Staffing and recruitment

At our last inspection the provider did not have effective staffing levels in the home. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staffing levels had been reviewed by the provider and changes had been made in the deployment of staff throughout the home. This included a staff member being present in the shared lounge of the home for dedicated periods of the day.
- We received mixed feedback from relatives regarding the staffing levels in the home. Some relatives found there were times when staff appeared very busy and rushed in their role. On the day of our inspection people were observed to be supported in a timely manner and received assistance when they requested it.
- Rota's had been reviewed by the provider to ensure there was a balance of experienced and skilled staff working on each shift. Whilst recruitment of new staff took place, the provider told us they booked agency staff in advance who were familiar to the service to support with continuity of care.

Using medicines safely

- A system was in place to support the safe management of medicines.
- Information was recorded to guide staff on the safe and appropriate administration of 'as required' medicines.
- Staff had been trained in management of medicines and their skill and competency had been checked.

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.

At the last inspection when we rated this key question, we rated it good. At this inspection the rating has changed to 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments documents did not contain information about how people had been supported to understand the decision process and be fully involved in this process. The registered manager told us they were reviewing the process, in order to ensure documents provided clear information relating to the decision-making process.
- Where DoLS were in place with conditions these were being met. For example, for one person a condition was in place for an advocate to visit the service and conduct a review. On the day of inspection we observed evidence of this condition being met.
- Staff had a basic understanding and awareness of mental capacity and the importance to seek consent for day to day decisions.

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

- People's needs were assessed when they started to use the service. It was not clear from the records reviewed who had been involved in the assessment process or reviews which had taken place.
- Relatives provided a mixed feedback regarding their involvement in the care planning and risk assessment process. One relative told us, "We haven't been involved with care planning and reviews, it would be nice to have a more formal update regularly. They're good at informal communication but I'd prefer a more formal

update." Another relative said, "I have had no involvement in care planning or review. I think that would be good to have our thoughts, and it would be reassuring for me." The registered manager told us they had implemented changes to the reviewing process which included improved involvement of relatives in the monthly evaluation process.

- The registered manager was aware of changes to mandatory learning disability and autism training requirements. This training had been scheduled for staff to attend and enhance their knowledge and understanding.

Staff support: induction, training, skills and experience

- Staff told us they completed an induction at the start of their employment at the home which prepared them for their role. This included a mixture of on-line and face to face training, familiarising with policies and paperwork and shadowing of experienced staff. One relative told us, "I believe the training [staff] have had makes them competent. The hoist is difficult but they seem to manage it well."

- Staff told us they had received supervision although were unable to comment on the frequency of this. Staff spoken with found supervision to be supportive and said they would speak to the registered manager in between supervisions if they had concerns. The registered manager told us there had been a lapse in supervisions which was being addressed.

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

- The inspector observed people being supported at mealtimes in a sensitive manner. Staff were observed ensuring people had the appropriate aids at mealtimes to maintain their independence, this included plate guards and appropriate cutlery. People were provided choice of meals, where these were declined alternatives were offered.

- Dietary requirement information had been shared with the kitchen. For people who were at risk of choking, information had been shared with the kitchen to ensure suitable meal options were made available.

- Replenishment of fluids were made available throughout the day.

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

- At the time of inspection refurbishment of a ground floor bathroom was taking place and a new wet room shower area was being installed. A summer house had been installed in the garden during the COVID-19 pandemic to support relative and friends visiting the home.

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

- Information was available in people's care records of referrals made to health professionals and guidance provided. One professional told us, "[Staff] are timely with making referrals and act in accordance with plans to the benefit of the people."

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

At our last inspection we found people were not always treated with respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 10.

Respecting and promoting people's privacy, dignity and independence

- Whilst the practice of staff had improved, some of the information recorded in people's monitoring records was not recorded in a sensitive or dignified manner. The registered manager told us this had also been identified by themselves and actions were in place to address this.
- Staff told us actions they would take to promote people's privacy and dignity which included seeking permission before providing support, knocking on doors before entry, explaining tasks before completing these and respecting responses made.

Ensuring people are well treated and supported; respecting equality and diversity

- Following the last inspection staff informed us they had received specialist dementia training. This had enhanced staff understanding and confidence. One staff member told us, "The virtual dementia training was fantastic. It provided a deep insight into how a condition affects a person and enabled me to make changes to how I worked." The registered manager told us further training had been provided to all staff to increase their confidence in providing respectful and dignified care for people. This was to be enhanced further through completion of a workbook and spot checks of staff practice.
- On the day of inspection staff were observed treating people in a respectful manner which met their needs. For example, where people required assistance to use the toilet, staff addressed people sensitively and were observed responding to needs appropriately. However, there were several new staff members who did not engage and interact with people as confidently as others. One relative said, "The new staff are still learning, you can see they're not sure." Another relative told us, "There is definitely a skill gap with new staff."
- People were observed to be clean and well dressed. One relative told us, "I am happy when I visit [family member]. [Family member] is always well dressed and shaved and their hair looks good."

Supporting people to express their views and be involved in making decisions about their care

- Residents meetings had recently restarted in the service and people were encouraged to attend these and put forward their views of the care and support they received. A 'You said, We did' board was on display which contained some of the suggestions put forward and actions which the provider had taken. For

example, a request had been made to review activities available. A new activity co-ordinator had been employed and was implementing additional activities and family social events.

Is the service responsive?

Our findings

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

At the last inspection when we rated this key question, we rated it good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs 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

- Care plans were being reviewed and updated with the involvement of people and their relatives to ensure information which captured people's likes, dislikes and preferences was included. This required additional time to be completed and to have a sustained, positive impact on the care and support.
- People were encouraged to participate in activities during the day, with staff offering various options for individuals. During the inspection one person was observed being supported to visit a local pub which they enjoyed.
- Relatives told us they the staff maintained contact with them through emails and telephone calls. One relative said, "[Staff] ring or email me if they have any concerns."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information in care records included people's preferred form of communication. For one person their record stated the use of pictorial cards was available to enhance conversation. Staff were knowledgeable of the use of the picture prompts and where these could be located to assist with conversation and decision-making if required.
- A pictorial menu board was on display which supported people in making meal choices of the day. In addition, the activity planner had been updated to include pictures of activities which were planned each day.

Improving care quality in response to complaints or concerns

- Systems were in place which recorded action taken in response to complaints and concerns raised. These were reviewed and analysed by the registered manager to address themes identified.
- Complaints and concerns were discussed with staff during team meetings where appropriate.
- Relatives and staff told us they felt confident in approaching the registered manager with concerns and felt they would be listened to. One relative said, "[The registered manager] is lovely. I can call [them] any time, [they]are brilliant."

End of life care and support

- At the time of our inspection nobody was in receipt of end of life care.
- Care plans contained basic information to support end of life care. This continued to be updated as part of the care plan review process.
- Staff had received end of life training.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection there was a lack of leadership in the home to promote people's safety and experiences in the home. There were also shortfalls in the way the leadership assessed the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- Additional monitoring processes had been implemented to address shortfalls within the service including gaps in recording within monitoring charts, staff training, staff practice, poor staff culture and the governance of the service. Whilst these had been introduced, they had not been fully embedded at the time of the inspection.
- A service improvement plan had been implemented which addressed shortfalls identified through the provider's quality assurance system. This included updates of the progress of actions taken.
- A quality survey had been sent to relatives. At the time of the inspection the registered manager told us the responses were being collated and would be used to continue to drive change and improvement within the service.
- Staff told us they found the registered manager to be approachable and supportive. Staff meetings took place which provided opportunity for staff to make suggestions and comments. Staff told us they felt valued and listened to.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

At our last inspection we found there were issues with the transparency of the leadership of the home. This was a breach of regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 20.

- Complaints were thoroughly investigated by the registered manager and apologies were made to people and their relatives with explanations of actions which would be taken to improve care and support.
- The registered manager was aware of their responsibility in notifying the local authority and CQC of reportable events where required.
- The registered manager maintained links with community health teams to ensure the provision of appropriate care and support. Records reviewed demonstrated referrals which had been made to other health professionals including the falls team and dietician.
- The provider had reflected on the findings of the last inspection and utilised these positively to support with making changes and improvement to the quality of care and support. A care consultant had been engaged to assist and support the registered manager in identifying and addressing shortfalls in the standard and quality of care. The provider recognised the changes had begun, however, was in agreement these required additional time to become sustained.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments did not always contain adequate information to enable staff to support people safely.