Catalyst Choices Community Interest Company

# Lilycross Care Centre

## 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? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Inadequate** |

# Summary of findings

## Overall summary

About the service
Lilycross Care Centre is a care home providing personal and nursing care. The home was initially set up in response to the COVID-19 pandemic to provide care for people with a COVID-19 diagnosis. The home is currently providing short term respite care for people discharged from hospital.

Lilycross Care Centre accommodates 60 people across three separate floors, each of which has separate adapted facilities. There were 46 people living at the home at the time of the inspection.

People's experience of using this service and what we found
Risk assessments were either not completed or not detailed enough to guide staff on how to safely support people with specific health conditions. People's outcomes were not always reviewed. Risk was not always recognised in the environment and people had access to things that could harm them such as other people's medicines.

People received their medicines as prescribed. However, medicines administration records (MAR) were not always completed in line with best practice guidance.

Systems and processes to assess and monitor the safety and quality of the service were ineffective. The concerns found with care planning, risk assessments, environmental safety, and unsafe medicines practice were not identified by the registered managers or the provider's monitoring processes.

Systems were not robust enough to ensure learning from incidents was implemented to further reduce risk to people.

Staff knew people well including their likes and dislikes however, not all care records reflected this level of detail.

Records were not of good enough quality to ensure the registered manager had effective oversight of areas such as staff training and medication competency assessments.

Systems and processes were in place to safeguard people from the risk of abuse and people told us they felt safe with staff. However, it was not always clear that lessons had been learnt from previous safeguarding investigations.

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 in the service did not support this practice. Capacity assessments and best interest decision records were in place. However, records did not always demonstrate the relevant people were involved in the decision-making process.

Staff were safely recruited. Interactions we saw with staff and people were carried out in a caring and compassionate way. However, staff were very busy, and most interactions appeared to be task orientated.

Systems were in place to gather the views of people living at the home and staff. We saw examples where feedback was listened to and acted upon such as putting clocks in people's bedrooms.

People spoke positively about the food. Comments included, "The food is fabulous, you get some great food here."

The home had a good working relationship with local hospitals and worked hard to ensure people were discharged in a timely manner. The registered manager understood their duty to share information in an open and honest manner. They approached the inspection with transparency and worked hard to address the shortfalls we found during the inspection.

Rating at last inspection
This service was registered with us on 14/05/2020 and this is the first inspection.

Why we inspected
This was a planned inspection for this newly registered service.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

The provider immediately responded to the concerns we raised and took swift action to improve the safety of the environment, the detail in people's care records and governance processes.

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 risk assessing and governance 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 for 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 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?**<br>The service was not always safe.<br>Details are in our safe findings below. | **Requires Improvement** |
| **Is the service effective?**<br>The service was not always effective.<br>Details are in our effective findings below. | **Requires Improvement** |
| **Is the service caring?**<br>The service was not always caring.<br>Details are in our caring findings below. | **Requires Improvement** |
| **Is the service responsive?**<br>The service was not always responsive.<br>Details are in our responsive findings below. | **Requires Improvement** |
| **Is the service well-led?**<br>The service was not well-led.<br>Details are in our well-Led findings below. | **Inadequate** |

# Lilycross Care Centre

**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 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
The inspection team consisted of two inspectors and a nurse specialist.

Service and service type
Lilycross Care Centre 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 that 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 completed over three days. The first and the second day was unannounced. We gave a short period of notice ahead of the third day.

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. 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 seven people who used the service and three relatives about their experience of the care provided. We spoke with eighteen members of staff including the provider, registered manager, deputy manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included twelve people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. 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 training data and quality assurance records.

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

- Risk assessments were either not completed or not detailed enough to guide staff on how to safely support people with specific health conditions such as diabetes. However, staff we spoke with understood where people required support to reduce the risk of avoidable harm and were able to support people safely.
- Risk was not always recognised in the environment. For example, we observed cluttered fire escapes and some windows were not adequately restricted to reduce the risk of people falling from height.
- People had access to things that could harm them such as other people's medicines, cleaning products and the main road via an unsecure perimeter gate.
- Accident and incident analysis was not always robust enough to prevent further incidents. For example, incident records showed one person had experienced a series of falls when their mobility aid was not close by. We observed this person without access to their mobility aid during the inspection. This placed the person at risk of avoidable harm.
- People received their medicines as prescribed. However, medicines administration records (MAR) were not always completed in line with best practice guidance and we found missing signatures and illegible handwriting on multiple records.
- There was not always enough information to support staff to administer 'when required' medicines.

We found no evidence that people had been harmed however, there was a failure to robustly assess risks relating to the health, safety and welfare of people and medicines were not always managed safely. 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 responded immediately to the concerns we shared on the first day of the inspection. When we returned for the second visit, the provider had taken swift action to improve the safety of the environment and the detail in people's care records.

Staffing and recruitment

- Staff were observed to be very busy. However, people's immediate needs were not neglected.
- The provider had a system to check people's level of need, but it contained out of date information and did not clearly determine the number of staff that were needed to care for people safely. However, people we spoke with told us staff were responsive to their needs and we saw examples when staffing levels where increased to ensure people could be taken to essential appointments.
- Staff were safely recruited. However, we found some required documentation missing from staff records

such as photographs and health questionnaires.
● The home used agency care staff to support when staffing levels were low; the registered manager told us where possible they use the same staff to ensure people receive consistent care and support.

Preventing and controlling infection
● There were shortfalls in relation to the management of infection and prevention control (IPC). Whilst staff had access to appropriate PPE (personal protective equipment), we found they did not always wear it or dispose of it properly.
● A cleaning schedule was used to help ensure the home was cleaned regularly. However, we found issues with some rooms recently deep cleaned such as dirty skirting boards, cobwebs and unclean toilets. We discussed our concerns with the registered manager on the first day of the inspection and when we returned for the second day, these areas had improved and we found no further IPC concerns.
● People, staff and visitors were tested for COVID-19 in line with national guidance.

Systems and processes to safeguard people from the risk of abuse
● Systems and processes were in place to safeguard people from the risk of abuse. However, it was not always clear that lessons had been learnt from previous safeguarding investigations. For example, the system for completing night time spot checks was not robust despite previous concerns raised about staff conduct at night.
● People told us they felt safe with staff. One relative told us, "[Person] is very safe, I would not want [person] anywhere else."

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- Assessments of people's care needs had not always been completed in detail. Some people's care plans lacked detail around specific needs such as risks related to their eating and drinking and their mobility. This meant people were at risk of not having their needs effectively met.
- People's outcomes were not always reviewed. For example, one person who had risks associated with nutrition had not been weighed consistently. We discussed our concerns with the registered manager and provider who took action to improve the admission process to ensure people's needs were assessed and reviewed.
- Staff supported people to understand the menu choices. Where needed, people had access to adapted cutlery and equipment, so they could eat and drink independently. However, we identified some issues with communication as not all staff were aware when people required a specialised diet.
- People spoke positively about the food. Comments included, "the food is fabulous, you get some great food here" and "the food is fantastic".

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

- The home had a good working relationship with local hospitals and worked hard to ensure people were discharged in a timely manner.
- Staff worked closely with the community nursing team and GP. However, when people's health needs changed, they were not always referred to other relevant health professionals in a timely manner. For example, one person had not been referred to health professionals specialising in falls reduction until the person had experienced several falls.
- Relatives gave us mixed feedback about their experiences in this area. One relative told us of their positive experience and told us the home was proactive and communicated well when their loved ones needs changed. However, another relative had less positive experiences and gave examples of delays in their loved one's needs being met in relation to referrals to external services.

Staff support: induction, training, skills and experience

- Staff completed an induction and a range of training the provider considered mandatory. Staff were up to date with their mandatory training however, it was difficult to establish this as training records were poorly maintained.
- Staff told us they felt well supported with regular supervisions. Records we viewed confirmed regular

supervisions were taking place.

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.

● Capacity assessments and best interest decision records were in place. However, records did not always demonstrate the relevant people were involved in the decision-making process.
● Staff knew what they needed to do to make sure people consented to their daily care.

Adapting service, design, decoration to meet people's needs
● The home was not always adapted in line with good practice guidance to help people with dementia remain independent. For example, we found the majority of the home had white walls and white flooring.
● The provider had adapted the home in response to the COVID-19 pandemic and installed a visiting pod so people could receive visits from their relatives and friends.

Requires Improvement

# 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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not always afforded their dignity. For example, one person's bedroom door displayed undignified signage relating to their care needs and another person's dentures had been missing for more than one week without any action taken to replace them.
- People were not always supported to maintain their independence. For example, we observed one person without access to their mobility aid.
- People's personal records were kept confidential and only accessed by those on a need to know basis.
- The registered manager ensured discussions of a personal nature took place in private.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Interactions we saw with staff and people were carried out in a caring and compassionate way. However, staff were very busy, and most interactions appeared to be task orientated.
- People and relatives told us staff were caring and kind. Comments included, "[Staff] look after [person] brilliant, staff are kind" and "Staff are brilliant, they can't do enough for you, all are really helpful."
- We noted many compliments had been received about the care provided by staff in the homes guest book.
- It was clear from the examples discussed by staff; they were aware of people's diverse needs.

Requires Improvement

# Is the service responsive?

## 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 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

- Not all care plans fully reflected peoples physical, mental, emotional and social needs. Staff knew people well including their likes and dislikes however, not all care records reflected this level of detail. This meant people were at risk of receiving care in a way they did not prefer.
- Care plans were not always reviewed appropriately to ensure people had received the care they required.
- Some people's care plans contained contradictory information. For example, one person's care plan stated they could walk without any assistance and did not require mobility aids. However, information elsewhere indicated the person was unable to walk without the use of aids. This meant there was a risk people could receive unsafe care.

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

- The home had found it difficult to establish a regular programme of activities due to the impact of the COVID-19 pandemic. However, we saw evidence that many events had been held to mark important dates such as birthday's.
- Staff had little time to spend with people and people spent a lot of time in their own rooms.
- Since visiting restrictions imposed during the COVID-19 pandemic had been eased, relatives said they had been able to visit their loved ones safely.

End of life care and support

- Staff worked in conjunction with the local healthcare professionals to ensure people received pain free and dignified end of life care.
- Not all staff had received training in end of life care. The provider had already identified this and was taking steps to ensure all staff received appropriate training.

Improving care quality in response to complaints or concerns

- A record of complaints was kept which clearly showed the procedures followed by the registered manager and how they were investigated and resolved.
- The complaints policy was not easily accessible to people and relatives. The registered manager was responsive to our feedback and ensured information about how to raise a concern or complaint was visible at reception on the second day of the inspection.
- People told us they felt confident in approaching the management team with a complaint and they felt they would be listened to and issues resolved.

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.

- Information, such as the complaints policy, was available in an accessible format which included plain language and associated pictograms to make it easier to read.
- The registered manager was aware of the need to develop information in accessible formats as the need arose.

Inadequate

# 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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Systems and processes to assess and monitor the safety and quality of the service were ineffective. The widespread concerns found with care planning, risk assessments, environmental safety, and unsafe medicines practice were not picked up by the registered managers or the provider's monitoring processes. This meant opportunities to improve safety and quality were missed.
- People were at risk of not receiving appropriate care and treatment. People's care needs were not documented appropriately, and risk assessments lacked detail to keep people safe from avoidable harm.
- Systems were not robust enough to ensure learning from incidents was implemented to further reduce risk to people. For example, the registered manager failed to identify there was no falls care plan in place for a person who had experienced several falls and therefore control measures to keep the person safe were not sufficiently recorded.
- Records were not of good enough quality to ensure the registered manager had effective oversight of areas such as staff training and medication competency assessments. This meant there was a risk care could be delivered by staff who lacked the relevant skills.
- Governance arrangements did not promote the provision of high-quality, person-centred care which fully protected people's human rights. Despite previous concerns about staff conduct at night, robust systems were not put in place to complete night time quality checks.

We found no evidence that people had been harmed however, the provider failed to ensure adequate systems were in place to improve the safety and 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.

Following the inspection, the registered manager provided evidence of immediate improvements to their governance processes to mitigate risk and protect people from potential harm.

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

- Systems were in place to gather the views of people living at the home and staff. We saw examples where feedback was listened to and acted upon such as putting clocks in people's bedrooms.
- All relatives we spoke with did not know who the registered manager was, and all confirmed they had not been asked to provide any feedback about the home. Relatives also told us communicating with the home

was an issue as they found it difficult to get through on the telephone. Comments included, "I can't always get through on the phone" and "It's difficult to get through on the phone and when you do get through, they tell you to ring back."

● Staff told us the registered manager and deputy manager were approachable and listened to their views.

● The registered manager and provider worked in partnership with local authority commissioners to set up the home quickly during the COVID-19 pandemic. The registered manager and provider told us this had been challenging and were proud of what they had achieved and the positive impact they had on easing capacity issues within local hospitals.

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 understood their duty to share information in an open and honest manner. They approached the inspection with transparency and worked hard to address the shortfalls we found during the inspection.

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<br><br>There was a failure to robustly assess risks relating to the health, safety and welfare of people and medicines were not always managed safely. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>There was a failure to ensure adequate systems were in place to improve the safety and quality of the service. |