

Lily Of The Valley Care Ltd

# Lily Of The Valley Care

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Lily of the Valley Care is a domiciliary care service. It provides care for people living in their own homes. CQC regulates the personal care and support. There were 21 people who received personal care at the time of the inspection.

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

People and their representatives confirmed they were supported to have maximum choice and control of their lives and told us staff supported them in the least restrictive way possible and in their best interests. However, there was limited written information in place to demonstrate this at the time of the inspection. Since the inspection the provider has sent us evidence to show records are being completed regarding this.

Staff had received training on how to protect people from abuse and knew the procedure to follow to report concerns. However, we identified two complaints that should have been referred to the local authority safeguarding team. This was discussed with the provider who agreed and confirmed this would be done in the future.

People and their family members spoke highly of the staff and management team. They spoke of staff being caring and friendly. One person told us of the kindness they had recently received from the management and staff team following a bereavement. Discussions with staff demonstrated they had compassion and understanding for the people they supported. Systems and processes were in place to support people's safety. People's needs, including their safety in relation to care were assessed and monitored.

Where people were supported with their medicines these were managed safely. Medicines were administered by staff that had received training and had their competency to administer medicines assessed. When needed people were supported to access health care professionals to support people's well-being and manage their dietary needs.

People received support from staff that had undergone recruitment checks to check their suitability. The staff were committed to providing care that was person-centred. People and their family members spoke of the staff's kind and caring approach.

Staff worked within the providers policy and procedure for infection prevention and control and followed current government guidance related to COVID-19.

Staff confirmed the registered manager and provider were approachable and available to them when needed. Staff were enthusiastic about their role, and of their commitment to continually improve people's care.

Quality monitoring was undertaken and kept under review by the provider to drive improvement. The view of people and their relatives were sought including involvement in decisions relating to their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
This service was registered with us on 12 November 2020 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

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?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

# Lily Of The Valley Care

## 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.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We did not ask the provider to send us a Provider Information Return prior to this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the registered manager the opportunity to share information they felt relevant with us at this inspection.

The inspection was informed by other information we had received from and about the service. This included feedback from the local authority. Since the provider's registration we have not received any

statutory notifications. A notification is information about important events, which the provider is required to send us by law. The provider told us that there had been no events that they needed to advise us of.

#### During the inspection

We looked at four people's care records to check the care they received matched the information in their records. We reviewed three staff files to see how staff were recruited and looked at training records. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We spoke with one person who used the service and contacted four people's relatives to get their views of the service. We spoke to two senior carers, two carers, the field coordinator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager was not available at the time of the inspection.

#### After the inspection

We asked the nominated individual to email copies of the audits they undertook so that we could see how the provider monitored the service to drive improvements. They sent this to us within the required timeframe.

# 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 of this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse, but two incidents we looked at, had not been recognised by the provider as possible abuse. Although the provider's investigation showed that no evidence of abuse had taken place; these should have been referred to the local authority safeguarding team before the provider completed their own investigation. This is because the local authority are the lead investigators in safeguarding. This was discussed with the provider who agreed and confirmed this would be done in the future.
- People told us they felt safe with the service and that staff respected their homes and promoted their safety. One person said the staff were "Kind, considerate, respectful and gentle." Another person said, "I feel very safe with the staff they are very caring."
- Care staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns to the management team. Staff also received training in whistleblowing and were able to explain what this meant. Whistleblowing policies protect staff from being treated unfairly by their employer if they have raised genuine concerns about a person's care.

Assessing risk, safety monitoring and management

- People's health and care needs were assessed, and care plans were in place so that staff had guidance on how to meet people's needs. Risk assessments were completed to help ensure care was provided in a way that reduced risks to the person and staff.
- Staff showed us they could easily access people's care plans and risk assessments on an app that was available on their phones. Staff also had access to hard copies of people's records. Staff confirmed they read through these before providing care to any new people. Staff said they had the correct information on people's needs to be able to provide people with safe care.
- People and their relatives confirmed they had a copy of their care package within their homes which included care plans and risk assessments. One relative told us, "The records are kept up to date. I don't often read them because I know what support my relative needs and I know what the staff do, but all the information is there."

Staffing and recruitment

- There were enough staff to meet people's needs. The provider told us they had contingency plans in place to ensure the continuity of people's care should care staff not be able to work due to sickness or leave.
- Pre-employment checks had been made before staff worked with people. These included reference checks and criminal records checks. These checks helped the provider make informed decisions as to the suitability of staff.

- People and their relatives confirmed they received care from a regular team of staff. One person said, "Unless my regular carers are on holiday, I have the same staff. I know them all." A person's relative told us, "We are very satisfied, there is not too many changes in staff. We know them all that come frequently, and they are polite, professional and friendly."

#### Using medicines safely

- Where staff helped people with their medicines, these were mainly for applying creams and people told us this was managed well.
- Staff recorded when medicines had been administered, or when appropriate, if medicines were not required or refused on the medicines administration record (MAR) charts.
- We saw, and staff confirmed that they received training for medicines management.
- Recent audits of medicines had been completed to enable any errors to be identified and to enable investigations and actions to take place to help reduce the risk of recurrence.

#### Preventing and controlling infection

- Staff had been trained in infection prevention and control. They had been provided with regular updates on COVID-19 management and how to work safely, including the use of personal protective equipment (PPE).
- People told us that staff followed guidelines to reduce the risk from infection transmission. One person told us, "The staff always wear their PPE."
- Staff confirmed they had supplies of PPE and completed regular testing for COVID-19. This meant the risks from infection transmission was reduced.
- The provider had COVID-19 risk assessments and contingency plans to help ensure they continued to deliver a safe service during the pandemic.

#### Learning lessons when things go wrong

- The nominated individual was able to show that monitoring and audits had assisted them in identifying areas for improvement. A live tracker was in place to support the management team in checking staff arrived at calls within the agreed timeframe. This helped them to take action to ensure people received the support they needed.



# 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 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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- Most people had the capacity to make their own decisions. However, some people did not. Although staff had a good understanding of the support people needed to make decisions about their care, and this was reflected in their care plans, no capacity assessments had been completed where needed. However, this had not impacted on the support they received to make decisions.
- Staff had received training in the MCA and understood the principles of the act.
- People and relatives told us the staff checked that they consented to their care and treatment before providing it.
- Since the inspection the nominated individual has provided evidence to show they now have a capacity assessment template and confirmed they will be completing these for each area of care, where people lacked capacity along with any best interest decisions. We will check these are in place at the next inspection.

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

- Assessments were completed regarding people's health and care needs and these were kept under review and updated to reflect any changes.
- Staff had access to people's care plans and risk assessments before providing care to new people so they could understand how to meet people's needs. On-going access to these records was provided to staff on their phones. This helped staff to provide effective and consistent care.

Staff support: induction, training, skills and experience

- Staff confirmed they received the training they needed to meet people's needs. We looked at the training provided to staff and saw an extensive training programme was in place. This included specialist training to meet people's needs.
- New staff completed an induction where they worked with experienced staff to understand and gain knowledge about the job role. One senior member of staff told us, "Staff shadow me on induction until competent and I then sign them off."
- Staff told us they were supported to achieve National Vocational Training Awards and to develop their skills. One person told us, "There is lots of support to develop and progress, it's a really good company to work for."
- People and relatives told us they felt staff were competent. One relative said, "I really can't fault them. They are caring and understand my relatives needs well."
- Staff said they could approach senior staff and the management team for support and guidance at any time, including out of hours and that they received regular communication from the office team on any updates or changes. Staff were provided with support and training to be able to meet people's needs effectively.

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

- Most people managed their own meals and drinks, or their family did this for them. Where people were supported by staff, they confirmed they were supported to eat well.
- Care staff had been trained in relevant areas to help them provide nutritional care to people. This included training on food hygiene and specialist feeding techniques. Care staff who supported people who received their nutrition through a percutaneous endoscopic gastrostomy (PEG). Staff understood what actions to take to help reduce risks. A PEG is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. This allows nutrition, fluids and/or medications to be put directly into the stomach.

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

- Where other professionals were involved in aspects of people's health and care, care plans reflected their advice and guidance. For example, guidance from dieticians was seen in one person's records and discussions with staff demonstrated they understood the importance of following this.
- People and relatives told us staff helped them access healthcare services and support when needed. Staff confirmed that if they identified any health concerns during a call, they would report this to the office who would contact the person's relative and if needed they would remain with the person until emergency support was provided.

# 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; Respecting and promoting people's privacy, dignity and independence

- Staff had received training in areas relating to equality and diversity to help reduce discrimination.
- People and relatives said they were treated respectfully and supported well. One relative told us, "Staff are kind and caring." A person using the service told us, "The staff are very responsive to my requests. All staff are lovely and seem very competent. I can't fault them. They have made a massive difference to my life, it's a lot less stressful now I have their support."
- This service supported people at the end of their life and people with limited life conditions. One relative told us about the staff that supported their relative and said of them, "They built up a wonderful relationship with my relative who liked them because they were unobtrusive. They were kind, considerate, respectful and gentle."
- People confirmed that staff supported them to maintain their dignity and independence. One person told us, "I was doing everything for myself before I used the service and it was difficult but now, I have the support of the staff. They are very respectful and always check with me what I want help with. It's made such a difference to my life."

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

- Information had been provided in the service user guide for people about the service and how to contact the management team.
- People and their relatives told us they were involved in making decisions about their care. One person told us, "I have got a care plan and all the information about the support I need is recorded. I am happy with the support I get."
- Staff understood the importance of enabling people's choices in their care. One member of staff told us, "I work with specific people which enables me to get to know them and they get to know me. I still always check with them before providing any support, just to make sure they are happy."

# 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 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

- People had choices and control in their care decisions. One person told us, "The staff work with me and listen to me." A relative said, "Staff know my relative and are very respectful of their choices and decisions."
- Staff understood how to provide personalised care for people as they worked with them on a regular basis which enabled them to get to know the person."
- Care plans reflected people's choices and decisions and recorded where they had been involved in discussions about their care. People's lives, their interests and what was important to them had been discussed and recorded to help care staff understand the person they cared for.

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.

- People's communication methods were recorded, and assessments were in place where needed to ensure staff could effectively communicate with the person.

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

- People and their relatives confirmed they liked the staff who supported them. One person told us, "They are great; I would be lost without them. We have a laugh and get along really well." Everyone we spoke with told us the staff were very friendly and caring." Staff we spoke with demonstrated a very caring attitude and were very respectful about the people they supported. One person told us they considered it an honour to be able to support people. All staff we spoke with told us they enjoyed spending time with the people they cared for and enjoyed talking with them.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint if needed. Information on the provider's complaints process was provided to people in the service user guide. One person told us, "I have never had to make a complaint but when I have rung the office for anything it has always been sorted out quickly."
- The provider kept records of any complaints and how they had been investigated and resolved. Positive feedback about the service was also shared with care staff so they could see what people and relatives had

appreciated about the service.

#### End of life care and support

- People's preferences and wishes for support upon reaching the end of their lives was detailed in their care plans.
- 'Do not attempt cardiopulmonary resuscitation' (DNACPR) orders and ReSPECT forms detailing recommendations about emergency treatment, were easily located in people's care records. This meant staff were able to promptly provide these to healthcare professionals in event of a person's health deteriorating or a medical emergency.
- Staff had received end of life care training and had a good understanding of how to support people. Discussions with staff demonstrated a compassionate and caring attitude towards the people they supported.
- One person told us, "The agency only supported my relative for a couple of weeks before they passed away. The staff showed compassion and understood how my relative wanted to be supported. The owner visited with a staff member and brought me flowers and a card which I thought was so thoughtful and kind."

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurance systems and processes enabled the registered manager and provider to monitor the safety and quality of the service. Audits undertaken identified areas for improvement. Audits had not identified gaps regarding mental capacity assessments and incidents that should be referred to the local authority safeguarding team. We discussed this with the nominated individual who took immediate action to address these areas.
- The management team shared their knowledge with staff through staff meetings, supervisions and communications.
- Staff were clear about their roles and responsibilities and felt listened to, valued and supported.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- Surveys to collate feedback from people, relatives and staff were undertaken and we saw any actions identified were addressed.
- People and their relatives told us that communication with the management team was good and any areas that needed improvement were addressed. For example, if call times had not been suitable or consistent, these had been addressed.
- Regular staff meetings took place and were well attended by staff who told us they found these informative and gave them an opportunity to give their views.
- The provider was aware of, and there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Continuous learning and improving care; Working in partnership with others

- Staff were empowered by the management team to develop their skills and abilities to improve people's experience of receiving care. Staff told us training they received supported them in providing quality care to the people they supported.
- We found there was a friendly and open culture at the service. Staff understood the need to treat people as individuals and respect their wishes; they enjoyed spending time with people and knew about their

hobbies and interests.

- The provider and registered manager worked closely with health care commissioners and Derbyshire and Staffordshire local authority, to ensure the service developed and people remained safe.
- We saw positive feedback from professionals regarding the support people received from Lily of The Valley Care.