Larchwood Care Homes (South) Limited

Lily House

Inspection report

Lynn Road
Ely
Cambridgeshire
CB6 1SD

Tel: 01353666444

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Lily House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 is spread over two floors with access to the upper floors via a passenger lift.

At the last inspection in March 2016, the service was rated 'Good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is good.

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There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to remain safe. Risks to people were assessed, and any risks identified were mitigated and reduced where possible. There were sufficient numbers of staff with the right skills and abilities to support people when they needed it.

Staff continued to receive appropriate training and support to enable them to carry out their roles effectively. Medicines continued to be well managed.

Staff were aware of the Mental Capacity Act 2005 (MCA) principles and were meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People were encouraged and supported to make choices and retain as much control of their lives as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to eat and drink sufficient amounts to maintain their health and were supported to access health care professionals to meet their individual health needs.

People who used the service were treated in a kind and caring way by staff who respected their privacy and maintained their dignity.

People, their relatives and professionals were given the opportunity to give feedback on the service and their views and opinions were taken into account.

People received individualised care that was personal to them. People were given appropriate support and encouragement to access activities that were of interest to them.

People and their relatives knew how to raise concerns if they needed to and were confident these would be listened and any concerns would be addressed.

The registered manager had quality assurance systems in place and where shortfalls were identified they were promptly acted upon to improve the service.

The registered manager had developed an open, transparent and inclusive culture within the service. People and their relatives gave positive feedback about all aspects of the service.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Lily House

Detailed findings

Background to this inspection

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

This inspection took place on 7 March 2018 and was unannounced. The inspection was undertaken by one inspector 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. Their area of expertise was caring for older people and people living with dementia

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We also contacted other health and social care organisations such as the local authority commissioning department and Healthwatch Cambridgeshire. This was to ask their views about the service provided at Lily House

We spoke with seven people living at the service who were able to give us their views verbally of the care and support they received. We also spoke with a visiting relative. We also observed staff interaction throughout the inspection.

We spoke with six staff, the registered manager, the area manager, three care workers and a housekeeper.

We looked at care documentation for four people living at Lily House, medicines records, three staff files, training records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People who lived at Lily House told us they felt safe and they were consistent in giving us positive comments. One person said, "I feel very safe here, I wake up in the morning and don't have to worry in case any one's broken into the house or shed [which they did at home]." The relative said, "I knew she'd be safe here from the moment we walked in . . . we felt quite at ease."

Policies and procedures were in place to minimise the potential risk of harm or unsafe care. Staff had received safeguarding training. They were able to explain what they would do if they saw or heard about people being harmed. Staff we spoke with were aware of the service's whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them.

Risk assessments identified potential risks to people. They continued to be regularly reviewed and updated as required. Risks identified included medication, falls and the premises.

Accident and incidents were monitored for trends and patterns. The registered manager continued to have oversight of these. Lessons learnt from any incidents were documented and cascaded to the staff team. This meant the service was monitored and managed to keep people safe and learned from any incidents when they occurred to help them from happening again.

Appropriate recruitment checks remained in place to ensure that suitable staff were employed. Information received prior to a person starting employment included a criminal record check (Disclosure and Barring Service), checks of qualifications, identity and employment references.

Staffing levels continued to be monitored by the registered manager to ensure sufficient staff were available to provide the care people needed. We were told that there had been a number of staff leave over the last year but most of the vacancies had been filled. Where possible staff within the home worked additional hours so that there were sufficient staff. When agency staff were used, these staff were known to the service.

People's medicines continued to be managed safely. Medicines were stored safely and administered by trained staff. We checked a random sample of boxed medicines and those in the pharmacy blister packs and found that stocks were accurate and tallied with the records. Audits were in place to ensure medicines were managed safely. People had regular medicine reviews undertaken by the GP. This ensured medicines they were taking were still appropriate for their needs. One person told us, "If I have a headache I just ask the staff for a pain killer." A relative said, "The staff here have been really good with [family member], making sure they takes everything they need."

We found the service to be clean, tidy and maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available. We observed these being used by staff undertaking their duties. This meant staff were protecting people who lived in the home and

themselves from potential infection when delivering personal care and undertaking cleaning duties.

Good

Is the service effective?

Our findings

Staff were knowledgeable and aware of people's needs and support. A relative told us, "When [name of manager] came to our home to assess my [family member's] needs. They were really thorough – one thing I remember is that she asked if my [family member] wore dentures and then how did they like to clean them. They were patient and got my [family member] to contribute which at the time was a miracle because they hardly spoke to anyone then. I really appreciated that because another home sent someone out and they just read from a tick sheet, and took no real interest in of my [family member] as a person."

The registered manager maintained a record of each staff member's annual training requirements and continued to organise a range of courses to meet their needs. Courses include safeguarding, infection prevention and control, moving and handling, equality and diversity, practical skills and medicines. Staff spoke positively about access to training and support to develop skills from the organisation. We saw that training had been provided based on good practise.

Prior to admission to Lily House the registered manager had completed a full assessment of people's individual needs and produced a plan of care to ensure those needs were met. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans. We found people had signed their care records, risks assessment and medication information. There was evidence staff discussed their needs and support with each person and obtained their written consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff and the registered manager continued to work with external healthcare professionals in meeting people's changing needs. For example, seeking medical advice on identifying initial health needs. They had a system in place that included the person's brief medical history, medication and general information should a person require a visit to hospital. Care records confirmed visits to and from healthcare professionals such as the GP had been undertaken. The records were informative and had documented the reason for the visit and what the outcome had been.

We observed lunch in the dining room. People were given their preferred choice of meal and different portion sizes should they request that, or it was written in their care plans. One person said, "I get plenty [to eat], but I'm not a big eater. I like to have my breakfast in my room – just toast and marmalade but that's what I like and they [staff] make it fresh for me. They do have good choices, hot lunch and a high tea."

Staff had information about people's dietary needs and these were being accommodated. The information included people's cultural and health needs. People's food and fluid intake were monitored as appropriate

and their weight regularly recorded. Where concerns about weight loss had been identified appropriate action had been taken and advice from a dietician had been sought.

Information in the PIR told us 'we encourage family members and friends to stay and have meals with our residents'. One person we spoke with said, "Every Sunday staff set up a table for us [family] in the small lounge and we have a 'private' lunch – it's really kind of them – makes you feel that you're 'back in the real world'."

People were able to move between the floors via a lift. Our observations and conversations with people, the visitor and staff showed that people were able to access the garden when they wished. Adaptations had also taken place to provide hand rails in toilets and bathrooms, as well as signs to identify these rooms.

Good

Is the service caring?

Our findings

People who lived at Lily House told us they were happy with support they received from staff. One person told us about when they arrived at the service, I'd suffered [medical condition] but the staff brought out the best in me and I've made a fantastic recovery so my care plan now is very thin."
Another person said, "The staff are very patient."

Our observations during the day between staff and people showed that there were positive interactions. People we spoke with told us staff had time to sit and talk with them. One person told us, "All the staff make time to listen and get to know you." Another person said, "They're [staff] a great bunch."

Staff understood the importance of promoting people's independence and reflected this in the way they delivered care and support. One staff member said, "It's important for the residents to remain as independent as possible." Staff understood the importance of respecting each person as an individual. They all told us that they worked in people's homes and that the 'residents' were just like members of their own family.

Staff treated people with dignity and respect. The information within the PIR stated that 'Regular training for respect and dignity. Staff knock on doors before entering; staff always ask consent prior to assisting with needs'. We observed staff knocking on doors during the inspection. One person told us, "I keep my door open whenever I'm in but staff always knock on the frame before they come in."

People told us they had been involved in planning and making decisions about their care, treatment and support. For example, we saw evidence in peoples care plans that they were involved in discussions about their care.

Information about local advocacy services were available to support people if they required assistance. However, staff told us that there was no one in the service who currently required support from an advocate. Advocates are people who are independent of the service and who support people to raise and communicate their wishes.

Good

Is the service responsive?

Our findings

People we spoke with who lived at the service were positive in the way they were treated. One relative said, "They [staff] respond quickly to situations especially if [family member] is not well."

Information from the PIR stated 'We have life histories' and 'This is me' in place to assist staff to have meaningful discussions with residents including involvement of families. Care plans of people who lived at Lily House were reflective of people's support needs. They had been regularly reviewed to ensure they were up to date. Staff were knowledgeable about support people in their care required. Completed assessments of the person's expressed needs, preferences and ongoing requirements were included in their care records. One member of staff was heard saying, "Would you like a beautiful cup of tea – just how you like it?"

People were encouraged and supported to engage in activities. We observed people doing a range of different pastimes. For example, one person enjoyed art and craft. They were very happy to show us there finished items. A number of people told us there was a regular minibus run into Ely on a Thursday for shopping and a meal if they wanted. There were also occasional visits to garden centres ". . . anywhere with a café" One person said "I've got a full activity programme; I distribute the newspapers, feed the fish and put food on the bird tables. I also work with [name of person] on maintenance jobs around the home and in the garden. We've got to get approval for the jobs but we've built raised beds and other things to help residents enjoy the garden. I walk into town and sometimes bring things back for the garden." There is a hairdressing salon on the first floor with a visiting stylist every week. People who have their own preferred hairdresser were encouraged to use the salon.

People's end of life wishes had been recorded where people were happy to discuss this. Training and knowledge about end of life care was provided to all staff. The registered manager said that people receiving end of life care could stay at the home if this was their wish. No one at the time of this inspection was receiving end of life care

People and their relatives were provided with regular resident and relative meetings so they could make a contribution to the running of the home and have the opportunity to feedback on the service provided.

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The information in the PIR stated 'There is a full complaints procedure which is clearly displayed (also in larger print) to give the residents and their families the opportunity to raise any area of concern, these complaints are responded to within 28 days, as per company policy'. The complaints procedure which was on display in the entrance of the service. One person told us that had had a few issues but, "The manager and staff have been very helpful and sorted things out for us." The registered manager told us she would always respond to concerns raised immediately to prevent them developing into a formal complaint if they received any. Records showed that complaints had been dealt with in line with the company's policy.

Good

Is the service well-led?

Our findings

People told us that the service was well managed and well led. People we spoke with spoke enthusiastically about the registered manager's engagement. They were very complementary saying that [name of registered manager] was very approachable and could solve all their problems. One person said, "I get on well with [name of manager], she will always make time to have serious talk if needs be."

The manager was supported by a regional manager and an operations director and had peer support from the managers of neighbouring services.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had notified CQC of any incidents as required by the regulations.

The registered manager demonstrated an awareness of each person who lived at the service background and health requirements. We observed during the day of the inspection they understood how best to approach and support people with kindness and understanding.

The provider and registered manager continued to undertake a range of quality assurance checks along with a regular programme of audits to assess the quality of the service. These included areas such as the monitoring of supervision and staff recruitment files. Other areas that were regularly audited were accident and incidents, health and safety, medicines, food hygiene and care plans. Where shortfalls were identified, records demonstrated that these were acted upon promptly or that these were in progress.

The registered manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, district nurses, GP's and other healthcare professionals.

Staff were supported with supervision, staff meetings and had the support they needed from experienced staff when this was required. The registered manager kept the staff team up-to-date with good practice and fed any changes back to them. This was to help staff maintain their skills.

The service had on display in the reception area their last CQC rating, where people who visited the service could see it. This was a legal requirement from 01 April 2015.