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Lillyfields Care

Inspection report

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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

This inspection took place on 26 and 27 January 2017. The inspection was announced.

Lillyfields Care provides personal care services to people in their own homes. At the time of our inspection there were 85 people receiving care and support from the service. They were supported by 35 care workers, a care support manager, a care co-ordinator, two senior care workers and a registered manager.

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.

The provider had procedures in place to identify and assess risks to people's health and wellbeing. However, once identified the procedures in place to mitigate and manage these risks were not always reflected in their records. This area for improvement had already been identified by the management team and was being addressed.

There were enough staff to support people safely according to their needs. Recruitment procedures were in place to make sure staff were suitable to work in a care setting. Procedures and processes were in place to make sure medicines were handled safely. Staff demonstrated good knowledge of how to identify the signs of abuse and the risks of avoidable harm. The provider had suitable processes in place if staff needed to report any such concerns.

Staff received regular training, supervision and appraisal which supported them to acquire and maintain the necessary skills and knowledge to support people according to their needs. People told us they were asked for their consent before care or treatment was provided. The service followed the principles of the Mental Capacity Act (MCA) 2005 in everyday practice. People were supported to access health and social care professionals when required.

People told us that staff were kind and caring and staff were able to develop caring relationships with people. Staff respected people's privacy and dignity when supporting them with their personal care. People were encouraged by staff to maintain their independence where possible.

The provider's assessments, care planning and reporting systems resulted in people receiving care and support that met their needs and was delivered according to their preferences and wishes. People knew how to make a complaint if they had any concerns. Complaints were logged, investigated and followed up in a timely manner.

People and their care workers described an open, supportive and caring culture. This was maintained by effective management systems and procedures to monitor and improve the quality of service provided. Staff

felt able to go to the management team with any concerns and felt they would be listened to with effective action taken. The management team provided a transparent and inclusive leadership for the service.

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.

Staff gave good examples of how to recognise the signs of potential abuse and avoidable harm.

Risks to people's health and well-being were assessed and identified.

Safe recruitment practices were followed and there were enough staff to care for people safely.

There were processes and procedures in place to safely manage people's medicines.

Is the service effective?

Good ●

The service was effective.

Staff received regular training to enable them to maintain the skills and knowledge required to care for people effectively and according to need.

People were supported to access health and social care professionals when required.

Staff sought consent from people before providing care and support.

Is the service caring?

Good ●

The service was caring.

Staff had developed caring relationships with the people they supported.

People's privacy and dignity was respected and their independence promoted.

People felt able to contribute to decisions about their care and support.

Is the service responsive?

Good 

The service was responsive.

Care plans were detailed and personalised and supported people according to their needs and preferences.

There was a robust complaints process in place which dealt with complaints effectively and in a timely manner.

People's care plans were reviewed regularly and people and their relatives were encouraged to contribute.

Is the service well-led?

Good 

The service was well-led.

Assessments to identify and manage risks to people's health and well-being had been completed, guidance around managing these was not always available in care plans. The management team had identified this and were addressing the issue.

There was a positive and open culture within the service, supported by the management team.

Robust auditing systems ensured that service provision was monitored.

Staff and management meetings were held to ensure shared learning from incidents and accidents and to update staff regarding any changes to operational practice.

Feedback was sought from people and staff regarding their opinions of the service provided.

Lillyfields Care

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 26 and 27 January 2017. We gave the registered manager 48 hours' notice of our visit to make sure people we needed to speak with would be available. One inspector carried out the inspection.

Prior to 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 used this information to help us decide what areas to focus on during our inspection. We also reviewed other information we had about the service, including information from staff and people who used the service and notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law.

After the visit on 27 January we spoke with five people who used the service and two relatives. We spoke with the registered provider, the care support manager, the finance manager, human resources officer, care co-ordinator and four members of staff.

We looked at care plans and associated records of five people. We reviewed other records relating to the management of the service, including risk assessments, quality survey and audit records, incident and safeguarding reports, training records, policies, procedures, meeting minutes, and six staff records.

Is the service safe?

Our findings

People told us they felt safe being supported by Lillyfields Care. One person said, "they're lovely, they do make me feel safe, they really do." Another person said, "I wouldn't be safe without them, I would probably be in hospital."

Staff gave good examples of how to recognise signs of abuse and avoidable harm and knew the process for reporting any concerns they may have about the people they cared for. One staff member said, "if I was worried, I'd report it to the office. They'd deal with it, without a doubt." Staff felt confident that the management team would deal with any safeguarding issues without delay and would involve outside agencies as required. The provider supported staff by facilitating training on protecting vulnerable adults and training records reflected that staff were up-to-date with this element of their training.

The service assessed the risks to people's health and wellbeing, and managed these so as to keep people safe on a daily basis. However, once a risk had been identified, the mitigation to monitor and manage that risk was not always reflected in the care plans. The impact of this on people using the service was not evident and the concerns noted during inspection was of records not having been completed appropriately.

The service employed enough staff to support people safely. There were no gaps in rotas and staff told us that they would attend any additional calls to cover periods of sickness or annual leave. The care support manager and the care co-ordinator also covered calls when required.

During inspection we observed staff files to ensure the provider was following safe recruitment practices. Each employee should have valid photographic identification, a full work history without any unaccounted for gaps in employment, suitable referencing and a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. These had all been completed satisfactorily.

People were supported with their medicines safely. People's support with their medicines was mainly limited to prompting and reminding them. Staff supported people with prescribed medicines only, and where appropriate these were provided in a blister pack system. We looked at the Medicine Administration Records (MAR) charts for five people and they were all completed fully. The provider supported staff by providing medicines management training to ensure they felt confident when assisting people with their medicines. Staff told us that if a person declined to take their medication when prompted, the office staff would be contacted and further advice would be sought from the person's GP. We checked records relating to medication and found this to be the evident in each reported case.

Is the service effective?

Our findings

People told us they were supported by staff who had the skills and knowledge required to care for them well. One person said, "they do a lot of training, they're always training." Another person said, "well they all know what they're doing, so I suppose they are well trained."

Staff were provided with ongoing training to support them in their roles and to ensure that they maintained the skills and knowledge required to enable them to carry out their roles effectively in line with best practice guidance. The service managed an electronic training matrix that clearly identified when staff were due for their training updates and online and face to face courses were provided for staff to complete. Training covered elements such as moving and handling, health and safety, protecting vulnerable adults/safeguarding and medicines management. We looked at the training matrix during inspection and noted that all staff were up-to-date with their annual refresher training.

The provider offered new staff a thorough induction process. This included an orientation day and 12 weeks initial training and induction in line with the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The expectation was for staff to have completed all elements of the Care Certificate training during their 12 week induction and this was closely monitored by the human resources officer. Staff would also be given the opportunity to work alongside an experienced member of staff prior to them working alone in the community. Staff told us that induction and ongoing training had been helpful and prepared them for their roles.

Staff were supported by the provider with regular supervision sessions, spot checks and annual appraisal. This gave staff the opportunity to discuss any areas for development they may have had and to receive feedback regarding their performance. Staff told us that they felt the supervision was meaningful and that they were able to raise any concerns or issues they might have with their line manager which would be addressed appropriately.

The Mental Capacity Act 2005 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. We checked whether the service was working within the principles of the Act. The registered manager was aware of the Mental Capacity Act 2005 and its associated code of practice. Staff received training in mental capacity, and were aware of the principles of the Act.

People told us that staff sought their consent before supporting them with their personal care. One person said, "they always ask me whether it's ok to help me with washing, they are very polite."

People were supported to access health and social care professionals when required. During our inspection

we observed calls coming into the office from care staff in the community, requesting assistance from GPs and community nurses for people. The office staff dealt with these requests immediately. They also spoke with social care and housing professionals to support people receiving a service from Lillyfields Care. Any action taken for people, was recorded on the in- house electronic recording system.

Where people required support to maintain a healthy, balanced diet, care plans reflected this. There was clear guidance for staff in how to support people at risk of malnutrition or dehydration and staff told us that if they had any concerns about a person regarding their dietary intake they would contact the care-coordinator or care support manager to advise them and staff felt confident the management team would follow this up with relevant professionals.

Is the service caring?

Our findings

People told us that they were supported by staff who knew them well and with whom they had developed caring relationships. One person said, "I don't know what I'd do without my carer, she is lovely." Another person said, "I look forward to seeing [name] every day. She is so smiley, we have a giggle."

People felt involved in their care and felt they made decisions about their care and support. Staff told us they always involved people in the development of their care plan. People confirmed they were consulted by the managers or senior care workers as to their ongoing care needs. One person said, "they ask me if I'm happy with everything, I usually am but if not I tell them and they just change it."

Care staff said they promoted people's independence by actively encouraging and supporting them to complete some personal care tasks they were able to do. For example, one staff member said, "If they can wash their face or brush their hair we encourage them to do that, so they don't lose that independence." Another said, "I let them do as much as they can by themselves, but be there for support or to help if they need it." People confirmed staff supported them to be as independent as possible, but gave people confidence that someone was there to provide back up support if required.

People told us that their privacy and dignity was respected by staff. They gave examples of practical measures that staff would use to protect people's privacy and dignity while providing personal care. For example one person said, "my carer knows when I need some privacy, she can tell. She just closes the door and waits, it's not a problem. She knows me really well." Staff told us that they would knock on doors, close curtains and cover people while assisting them with personal care tasks to ensure that people's privacy and dignity was respected at all times.

Is the service responsive?

Our findings

People said they were satisfied their care plans met their needs in accordance with their preferences. One person said, "I've had a look at my care plan. It's alright, it says what I need and the girls follow it." Another person said, "Sometimes the senior girl comes out and we chat about the things I need help with, I usually manage fine with what I've got."

People's care plans reflected their individual needs and detailed the care and support to be provided. People's preferences were considered, for example, one person's plan stated what they liked to be called and how best to communicate with them. Another stated what foods a person liked and what foods were to be avoided as the person did not enjoy them. The care plans recorded the objectives of the care provision and the individual person's desired outcomes. Staff confirmed the care plans contained sufficiently detailed and personalised information so as to enable them to support people according to their needs and preferences.

People's care plans were reviewed regularly and as people's needs changed. There were records kept of individuals' care plan reviews. These were carried out with people and their relatives if required in people's homes; they were completed by a senior care worker or one of the management team.

Care plans contained information regarding a person's life history, for example what career or job they had in the past, what their interests were and how they liked to spend their leisure time. One plan described a person as being very artistic and creative, while another referred to a person enjoying watching and talking about sports. It was evident when talking to staff and in observing in the service's office environment that staff knew people well.

Care workers recorded the daily care they provided in logs which were kept in people's homes. This information provided details of the care provided to people and observations of their general well-being. This information would be read by the staff member who next visited, which helped to give them an up-to-date picture of the person's general health and well-being.

The provider had a complaints process in place. Complaints were recorded on the electronic system and dealt with by the management team. During inspection we saw examples of how complaints were recorded, investigated and closed within policy timescales to the complainant's satisfaction. If a person using the service wanted to complain, these were logged in the same way and people had copies of the complaints policy within their homes so that they knew how to raise any concerns if the need arose. One person said, "I've nothing to complain about to be honest, but if I did, I would just phone the girls in the office."

Is the service well-led?

Our findings

People we spoke with described a service which was positive and open. One person said, "You really can't fault the carers or the office girls they're all very nice." Another said, "I would never change service. They are really nice here, they look after me well and I feel alright with them all."

Staff told us that the management team were supportive and approachable. They felt able to go to the managers of the service with any ideas; suggestions or concerns and that they would be listened to. One staff member said, "I've been here a while, it's the best agency I've ever worked for. I worked at another place and they were horrible. You don't get that here." Another member of staff said, "it's like a family here, we all work together as one big team. We help each other out."

The provider had robust management systems and audit processes in place to monitor the safety and effectiveness of service provision. This enabled the management team to look at any areas identified for improvement and act upon them as necessary. For example, during inspection we identified that individual risk assessments did not contain the appropriate mitigation to monitor and manage risks to people's health and well-being. Although the impact on people was not evident, the records relating to this were a cause for concern. However, the care support manager had already identified this during care plan auditing and had raised it at a management meeting; we observed the minutes of this meeting. The care support manager had already commenced the reviews of all of the care plan risk assessments and had begun to update them.

The provider sought feedback regarding the service provided from people using the service and from staff by sending out a questionnaire every six months. The responses to these were largely positive with some areas for improvement identified. Information was analysed by the management team and used to make improvements to the service. For example, as a result of feedback from staff where it had been identified that staff felt rotas and staffing were of concern, the management team had actively recruited new staff, adapted rotas and engaged staff by writing to them all to explain how the provider would be addressing their worries. The registered manager told us that they wanted to make sure staff felt they had been listened to.

The service held regular management meetings which addressed the learning outcomes and trend analysis of any incidents and accidents, Mental Capacity Assessments, human resource issues and any other issues that may affect the running of the service. This information was then cascaded to staff in a newsletter. The newsletter contained items such as general operational issues, any changes in policy and recipes that could be made in half an hour during a person's lunch or tea calls.