Mrs C Chesyre

Lillibet House

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

Lillibet House is a care home registered to provide accommodation with personal care for up to 30 people. Some people may have dementia.

Lillibet House is a large three storey Victorian building in the tree-lined avenue close to both Bedford Park and within walking distance of Bedford town centre.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Effective infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professionals when required, including opticians and doctors, to make sure they received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

Care plans were written in a person centred way and were responsive to people's needs.

People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

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 has improved to 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

Lillibet 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 comprehensive inspection took place on 13 December 2017 and was unannounced.

The inspection was carried out by two inspectors.

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 contacted the local authority, we checked the information we held about this service and the service provider. No concerns had been raised.

During our inspection we observed how staff interacted with people who used the service. We observed lunch, general observations and activities.

We spoke with seven people who used the service and two of their relatives. We also spoke with the registered manager, the quality manager, the provider, three care staff, two senior care staff, a maintenance person, a student on placement and a visiting volunteer.

We reviewed five people's care records, four medication records, four staff files and records relating to the management of the service, such as quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I do feel safe here." Another said, "I do feel safe here. I have lived here for a few years and not had any problems." Staff were knowledgeable about different types of abuse and reporting procedures. They were confident that issues raised would be dealt with by senior staff. One member of staff said, "If I had concerns about safeguarding I would report it. I am confident any issue would be dealt with."

People had risk assessments in place to enable them to as independent as possible whilst keeping them safe. Risk assessments included; behaviour, eating and drinking, skin integrity and self-neglect. These were written to inform staff what the risk was and what to do to try to mitigate the risk. These had been reviewed regularly.

The environment and premises were checked for safety. Equipment used to support people had been serviced on a regular basis and documentation supported this.

The care record for a person who displayed challenging behaviour contained guidance for staff on how to manage this. Staff said that they had recently had training in challenging behaviour which equipped them for their role. They said that a strength of the service was that they were able to support people with complex needs and that care planning facilitated this.

People told us there was enough staff. There were enough staff with varying skills on duty to support people with their assessed needs. We looked a three weeks of rotas and they showed the correct number of staff on each shift. One member of staff told us, "There are enough staff. There are normally six to seven. There is also a cook, a laundry person, an activities person and two cleaners."

We observed lunch time medication being administered. The staff used an electronic system for ordering and administration of medication. Electronic records were checked. Medicines were stored correctly. One person said, "I am on Warfarin. I don't have to think about my medication now. Staff help. It's such a relief." Another said, "Medication is on time unless there is an emergency." The pharmacy had recently carried out a visit and had found no issues.

Lillibet House was visibly clean and concerns were not identified in relation to infection control. People, their relatives and a volunteer commented that the home was clean and tidy. One relative said, "It's clean and tidy. They are decorating and making it brighter." The provider employed housekeeping staff. There were plentiful supplies of Personal Protective Equipment (PPE) for staff use. Catering staff had received appropriate training to enable them to prepare, store and serve food hygienically.

The registered manager and quality manager told us that they used any safety incidents, accidents or errors as a learning opportunity. Staff were aware of their responsibility to report any errors, incidents or near misses. When practices changed due to learning this was discussed at team meetings to ensure all staff were aware.

Good

Is the service effective?

Our findings

People's needs had been assessed prior to admission. The quality manager told us that it was important to assess people correctly to ensure they were suitably placed. Care plans we viewed shows this had taken place. They had been completed with the person or where appropriate with their family or representatives. Care records were personalised and contained good information for staff to allow them to support people as assessed. Appropriate plans were seen that covered topics such as; communication, continence, death and dying, personal care, nutrition and skin care.

Staff told us they had received training appropriate to their roles and gave examples. They commented that the training was of a high quality. For example, one member of staff told us, "The training with (Trainer) is very good. It's understandable." Another said, "The training is good, it's a mix of on-line and face to face." We saw a training matrix which listed staff and the training they were required to attend. It showed when it had last been completed and when next due. This assisted the management staff to ensure all training was up to date. People and their relatives told us that the staff were well trained. One person commented, "The staff are very good. It's a hard job. I would say they are well trained." Observations showed that staff were able to use their skills and experience to meet people's needs.

Staff said they received regular supervision and an annual appraisal. They also said they felt supported by senior staff. For example, one member of staff told us, "[Name of registered manager] did my last supervision. [Name of Quality Manager] did my previous one. They are six to eight weekly." and, "There is an annual appraisal."

We observed people being supported to maintain a balanced diet. People said they enjoyed their lunch and we observed there were enough staff to support them. Drinks and snacks were offered at regular intervals during the day. One person said, "The food is ok. I like a roast and there is a good selection of vegetables." Another commented, "The food is excellent. The choice is very good."

Nutritional assessments were undertaken which identified those people at risk of malnutrition. Meals for those people were served on a red plate which reminded staff to encourage them to eat and drink. A certificate of achievement was seen for Food First awarded by Bedford Hospital NHS Trust.

People were supported to access additional healthcare when required. One person said, "I go to the surgery and hospital. Staff came to a hospital appointment with me yesterday. It was an eye test." Within care records we saw that people had been referred for additional support in a timely manner.

The premises had been adapted with a passenger lift and level flooring to ensure people had access to the whole house. There was a secure enclosed garden for people to enjoy. There were a number of lounges and areas where people could go for quiet time or to mix with others.

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 MCA. The

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an awareness of their responsibilities under the Mental Capacity Act and care records reflected the level of capacity peopled had. Staff sought consent from people before they provided care and support. We observed staff seeking consent throughout our inspection.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "Staff are respectful. You can have a laugh with them." A relative of a person who had recently moved in commented, "The staff have been kind and friendly." Positive relationships had been developed between staff and people who used the service. For example, staff were seen to be very patient with a person who struggled to make themselves understood. Staff went on to encourage this person to fold and put away their blanket independently. Staff were seen to speak to a person in their first language (Italian) and said this was something the person enjoyed. The person responded to staff by smiling and gesturing.

Staff demonstrated a good knowledge of people's individual needs and preferences. For example, staff said one person liked to have a Caribbean style meal on a regular basis. This was documented in their care record and the kitchen ensured it could accommodate this request at short notice. Another example was that a visiting volunteer told us that "(Person) likes their drinks prepared in a very specific way" and this this was accommodated by staff.

Care records were written in a respectful way and contained personalised information. For example, for one person the care records stated, 'Staff should ensure (Person) has chosen toiletries'. 'Staff should also make sure (Person) has their chosen clothes.' This person was cared for in bed and seen to be well presented and settled. Staff were observed to spend time with people and were not rushed.

The registered manager told us advocacy services were available if required. This meant that people without close relatives could access someone who could act on their behalf.

Staff showed a good understanding of how to protect people's privacy and dignity. One staff member said, "I always knock the door before personal care. I check they are ready." We observed staff speaking to people using their preferred name; discreetly asking if people needed the toilet and assisting them to do so.

Call bells were answered immediately. The quality manager explained that staff wore a pendant which activated when they entered the room where a call bell had been sounded. A log was available for the registered manager to check how long the bell had rung before being answered and how long the staff member was in the room.

People were encouraged to be as independent as possible. One person said, "I do go to see my friends using my mobility scooter." They told us, and we saw, they were having their own phone and router fitted in their room to enable them to use their tablet in private.

We observed visitors arriving throughout the day. They were made to feel welcome. We observed staff and managers speaking with them.

Good

Is the service responsive?

Our findings

Within people's care records we saw they had been involved in the development of them. Staff told us the care was good and they were responsive to people's needs. One person had come to Lillibet House with a Grade 4 pressure sore. This had fully healed. Another person was cared for in bed. Staff told us, "(Person) has been cared for in bed for two years. There are no pressure sores. The district nurses are happy with what we are doing and (Person's) daughter is too."

People had care plans for 'death and dying'. One example seen clearly reflected the person's end of life care wishes. Family and health care professionals had been involved and a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) had been completed. A person had passed away on the morning of our inspection. Staff were seen to deal with this situation in a caring, professional and organised way. They worked with other agencies to ensure the person was treated in a dignified and respectful way.

The provider employed an activities coordinator. They had a variety of activities planned for every day including a Christmas party. People were supported to access activities and they told us they did not get bored. During our inspection staff were seen to decorate the Christmas trees in the lounges. They chatted and consulted with people about where to place the decorations. People were painting baubles and then placing them on the tree.

A keyboard player visited and played a variety of music in the lounge downstairs. People were seen to enjoy the musical entertainment.

In addition people were supported to maintain their independence when possible. One person told us, "I go out when I want to. I like to have a walk and fresh air." They showed us that they wore an identity badge as a precaution.

The provider had a complaints policy in place. People we spoke with knew how to complain but had not had cause to. One person said, "I have never made a complaint but I could talk to the manager or I would ask my son to talk to them." One relative explained that they had had some concerns at one point. However, they said these were now resolved and that the management team was approachable.

Good

Is the service well-led?

Our findings

The provider and management had a clear vision of where and how they wanted to progress the service. The registered manager was aware of the day to day culture of the home as they were there on a day to day basis. The provider visited regularly and was supportive of the registered manager. There was an open door policy where people and staff could speak with any of the management team at any time. We observed this to happen on the day of the inspection.

There was a registered manager in post who was aware of their registration requirements. 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.

Staff and management were aware of their responsibilities. There were processes in place for staff to account for the decisions they made on a daily basis. Data was kept confidential, staff had individual log in accounts for the computer, they recorded the number of hand held device and fob used on each shift and paper files were kept locked in the office.

Staff told us they were involved in the development of the service. We were told that the quiet lounge was in the process of being made into a sensory room. Sensory lighting was in place and there was a full wall mural to be put up. Following the inspection the registered manager sent us a photograph to show it in place.

Staff told us they had been supported to raise concerns or issues and felt able to do so if required. The registered manager had recently sent out an annual questionnaire/survey. This had been sent to people who used the service, their families, visiting professional and staff. We saw a number of returned responses with a lot of positive comments. The quality manager said if there were any negative comments she would respond and action them.

The quality manager oversaw a number of quality audits carried out by various staff. These included; medicines, care plans, house checks and maintenance checks. Where any issues had been found, action plans had been put into place and used to improve the service.

Staff were recognised for their innovation. One staff member had suggested using a red plate for people who were at risk of being nutritionally compromised. This enabled staff to know who needed encouragement to eat and whose food intake needed to be recorded. The staff member had been given a gift and it was mentioned at a team meeting.

Technology was used to monitor care. Staff used hand held devices to record their actions as they happened. The call bell system knew which staff member had attended the call and how long they had been in the room. Reports on these were available to enable management to check.

The registered manager told us they had a very good open relationship with other agencies who were involved in supporting people who used the service. They explained they had direct contact with a number of agencies to enable swift action to be taken if required. These included; hospitals, doctors and district nursing teams. Documentation we saw confirmed this had taken place.