

## Progressive Care (Derbyshire) Limited

# Lilybank Hamlet Care Home

### Inspection report

Lilybank Hamlet  
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Date of inspection visit:

09 June 2017

12 June 2017

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

Lilybank Hamlet is registered with CQC to provide personal care and support in a number of residential settings. The main house provided residential care for up to 42 older people, some of whom may have dementia. On our visit, 36 people were living in the main house. There was also a smaller home for five people with learning disabilities which was fully occupied.

The inspection visits took place on 9 and 12 June 2017 and the first day was unannounced. The service was last inspected on 16 and 17 June 2015 and was rated 'Good' overall. At this inspection we found the service remained 'Good' in all five key questions and overall.

There was a registered manager in post at the service; there was also a new manager who had commenced the process of registering to become the 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.

Systems in place in relation to medicines were safe and managed in a manner which met with current guidance. Procedures were in place to deal with unexpected incidents and emergencies. Pre-employment checks were carried out before staff began working at the service. Policies and procedures were in place for safeguarding and protecting people from abuse

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.

Staff were provided with training which gave them the skills and confidence to carry out their job roles and responsibilities. People were provided with choice around meals and special diets were catered for. People were supported to access appropriate healthcare professionals.

People and relatives felt staff continued to be kind, caring and compassionate; people were supported to remain as independent as possible. People told us they chose how to spend their spare time.

Staff undertook assessment of people's needs prior to them using the service. The provider had an easy read pictorial and written complaints procedure which was clearly displayed at the service. A number of audits were carried out to monitor the quality of service was maintained; where improvements had been identified as necessary, they were addressed promptly. The service was managed in an open and transparent manner.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Lilybank Hamlet Care Home

## **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 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 9 and 12 June 2017 and was unannounced. The inspection team consisted of an inspector and two experts by experience. The experts by experience had specific experience of learning disability services and dementia care and older people's services.

Before the inspection we reviewed the information we held about the service along with notifications that we had received from the provider. A notification is information about important events that the provider is required to send us by law. We looked at the report from the previous inspection held in June 2015.

We spoke with 16 people using the service, four relatives, a cook, two deputy managers, the registered manager, the new manager, the provider, a senior carer, the provider and a non-executive director. We spoke with two social care professionals and one visiting health care professional. We reviewed care plans and associated records for five people who used the service. We reviewed staff rotas and management records relating to incidents and accidents, training and staff recruitment information.

Not everyone who used the service could fully communicate with us and so we also completed a Short Observational Framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

We spoke with people who used the service; they told us they felt safe living there. One person told us, "I am safe here. They [staff] all look after me and I don't have to wait for them to help." Relatives we spoke with felt people were safe at the service; one relative said, "My [relative] is happy and safe." When asked whether the service was safe, a social care professional told us they had no worries or concerns regarding people's safety. They went on to explain how the staff had worked with the professional to support someone who had been identified as, "Challenging." They told us how well the staff had worked with the person and the professional to maintain their safety and ensured their needs had been met.

We looked at care plans and associated documents belonging to five people and found they identified potential risks associated with their care and how to reduce them. These included risks associated with falls and assisting people with moving and transferring their position. For example, risk assessments were in place to guide staff and instruct staff with how to safely assist people with moving and transferring. People who were identified as being at risk of falling had up-to-date risk assessments with actions to be taken to help reduce incidents of falls and injury. This showed the need for risk assessment was recognised.

Procedures were in place to deal with unexpected incidents and emergencies. Personal evacuation plans were in place and displayed in the event of an emergency, such as a fire. Risk assessments were in place if someone had been assessed as being at risk of falls. We also saw systems were in place should someone fall and require assistance and treatment. The deputy manager told us and we saw, should someone be identified as being at risks of falls, staff contacted the local falls team for advice and assessment. During the second day of our inspection visit, one person fell and required assistance from healthcare professionals. We saw staff ensured the person was supported throughout by staff; the person's immediate family were also contacted and kept informed of their relatives condition. This meant people had timely access to professionals in the event of a fall.

The provider had policies and procedures in place for safeguarding and protecting people from abuse; the procedures were clearly displayed on noticeboards throughout the building. Staff we spoke with understood the procedures and told us they had received training to keep them informed. One staff member told us, if they ever had any worries or concerns about people's safety, "I would always report any concerns – no matter who the potential abuser is." We saw information on how to contact the local authority safeguarding team was displayed in the entrance to the care home, should anyone be concerned about people's safety or were concerned about any potential harm or abuse.

During our inspection we observed how staff interacted with people who used the service. There was a call bell system in place and people had easy access to them when they were in their bedrooms. When people asked for assistance, staff responded in a timely manner. People recognised staff were kept busy they felt there was not always enough staff. We reviewed staff duty rotas and saw enough staff were available to meet people's needs; people did not have to wait long for assistance. Staff told us the provider was always recruiting for additional staff, and sickness was covered by the staff team as agency staff was not used. The manager told us if unexpected staff sickness happened, they and other members of the management team

ensured people's needs were still met and they were able to identify this on the staff rotas.

Staff records showed pre-employment checks were carried out before staff began working at the service. Proof of identity and undertaking criminal record checks with the Disclosure and Barring Service (DBS) took place. This meant people and relatives could be confident staff had been screened as to their suitability to care for people at the service.

We reviewed the systems in place to manage medicines and found they were managed in a safe manner which met with current guidance. There were protocols in place to instruct staff when and how to administer 'as required' medicines. 'As required' medicines are prescribed to be given when they were needed rather than at regular intervals. For example, they were given for the relief of people's pain or anxiety. Staff who gave medicines were aware of and followed the instructions contained in the procedures and protocols should someone require additional medicines. People received their medicines as prescribed and accurate records were kept of the medicines and when they were administered. Medicines were stored safely.

# Is the service effective?

## Our findings

People were supported and cared for by staff who were provided with the training felt appropriate by the provider. One person told us, "The attitude of the staff show they have obviously been trained well." Another person said, "They look after you properly."

Staff told us they received appropriate supervision, support and training, which gave them the skills and confidence to carry out their job roles and responsibilities. Staff told us and records we reviewed confirmed staff had access to a variety of training and received support through the use of supervisions, and team meetings. One staff member told us how attending training had given them additional knowledge and skills to enable them to meet people's needs. They gave an example of attending additional training with the local authority, in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which had given them more insight into the requirements of both pieces of legislation.

Staff continued to work within the principles of the Mental Capacity Act 2005 (MCA) code of practice. They respected people's decisions and ensured they consented to the care provided where they were able to. When people did not have the capacity to consent, 'best interests' decisions were made on their behalf.

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). The registered and deputy managers had appropriately applied to the local authority for authorisation to deprive a person of their liberty when required to maintain their safety.

Through our observations and from talking with the registered and new manager, we found the service to be meeting the requirements of the DoLS. Staff confirmed they had received training in MCA and DoLS and recognised their importance of following the Acts. The acting manager showed us documentation which supported appropriate applications had been made to the supervisory body for independent assessment.

People were supported to receive assessment and treatment from specialist healthcare professionals, when required, such as G.P's, speech and language therapists and learning disability specialists. The staff continued to utilise a laptop computer to access 'on the spot' healthcare professional advice and treatment; this system, known as 'Telecare', meant people had the opportunity to have quick access to a healthcare professional whilst at the service, and reducing unnecessary and distressing hospital admissions.

In the main house there were two dining rooms, however the one upstairs was not used and most people either chose to eat in the main dining room downstairs or in their room. People told us there was plenty of choice available; at lunchtime, people were given main course options, however we saw a number of people requested a variety of alternatives. In the smaller house, everyone chose what they wanted to eat. At lunchtime people chose what they wanted to eat and a variety of light options were chosen. For the evening meal, the staff checked with people as to their choice and whether everyone wanted what was on the menu or alternatives. Special diets, such as fortified or diabetic meals, were catered for, although one person told

us they had only recently realised there was a diabetic option for desserts. We saw where it was required, people had been referred to speech and language therapists for guidance regarding food and drink consistencies. Staff were aware of the specific consistencies people required and ensured guidance was followed. Drinks were available as well as being offered periodically throughout the day.

On the first day of our inspection the ground floor of the main building had a malodour; we brought this to the attention of the management team. We saw and were told the provider had a plan of re-decoration and the ground floor was the next to be decorated. On the second day of our inspection the malodour had been addressed; the bathrooms and toilets had been re-decorated and new specialist floor coverings fitted. We also saw some new easy chairs and sofas had been purchased and old worn out furniture had been removed.

On the second day of our inspection we met with the provider who explained there was an on-going plan of updating the environment; we were supplied with a copy of the providers plan and could see what areas for improvement had already been completed and what had been identified as needing updating next. For example, we saw redecoration of the upstairs was almost complete, and the next identified task was to upgrade the bathroom on the second floor.



## Is the service caring?

### Our findings

People and relatives felt staff continued to be kind, caring and compassionate. One person told us, "They [staff] are very caring and very careful." Relatives told us, staff were 'obliging'; one relative told us their family member chose to move to the service due to staff and their caring attitude. They told us, staff attitude was very positive to caring for people. We were told, "Staff are lovely," and they were, "Very kind."

Information relating to people's care and support needs was kept confidential; records were stored away safe and secure. People's dignity and privacy continued to be maintained and respected. People confirmed staff respected their privacy and dignity and supported them to maintain relationships with family and friends. We saw staff knocked on bedroom and bathroom doors before entering.

People at Lilybank Hamlet had a variety of support needs and abilities, with some being more independent than others. Where possible, people were supported to remain as independent as possible; one person said, "They [staff] help me when I need it but I am independent. I don't want to be more independent. I am happy for them [staff] to do my washing and ironing. I use the carpet sweeper in my room; I might fall over if I used the Hoover." Another person who lived in the smaller house said, "I don't go to the day centre because I am too old and too independent." We saw one person had their own mobile telephone, which enabled them to maintain contact with their family and friends.

A social care professional confirmed the staff worked with people and promoted their independence. Staff had a good understanding of how to support people in a person centred manner, and records showed staff promoted people's rights and independence.

People's individuality was respected and we saw and heard staff adapted their approach to meet personal needs and preferences. People were supported and able to maintain their identity; they wore clothing of their choice. One person told us they needed help dressing and staff, "Never made me feel un-comfy; I wear what I want."

People told us they chose how to spend their spare time. We saw in the main house a small group of people had created an 'art group'. The group chose to sit together nattering and chatting while they completed arts and colouring. One person told us how much they enjoyed this, as arts and crafts was something they had been interested in before they moved to the service.

## Is the service responsive?

### Our findings

People told us they were provided with plenty of activities and they were supported to follow hobbies and interests. The provider employed an activities coordinator who provided group as well as one-to-one activities for people. During our inspection visits we saw the activities coordinator provided people with a variety of activities to suit people's individual needs and preferences. For example, we saw a group of people took part in a word association game which was designed to stimulate people's memories and conversation.

On the first day of our inspection we saw small 'memory jars' which some people had completed with the activities coordinator. The jars contained handwritten notes people had added their own personal memories. On the first day of our inspection, the jars were in a cabinet, which was not easily accessible, however on our second day they had been moved ready to go into people's memory boxes. On the second day of our inspection we saw memory boxes had been fitted at the side of the downstairs bedroom doors; we were also made aware more boxes were on order and were to be fitted once they arrived.

People's care plans continued to provide information to guide staff as to how people wanted to be supported and cared for. One person told us, "Staff have got my care plan and they sometimes talk about it to me. I did look at it once but I can't remember what it said." Another person told us they knew they had a care plan, "But I can't remember what's in it." They continued and told us how the staff chatted with them when they first moved to the service.

We saw staff undertook assessment of people's needs prior to them using the service; this meant the provider was able to ensure staff were able to meet people's needs once they moved to the service. One person told us they remembered meeting a member of the management team before moving to the service; they told us this had reassured them.

Staff we spoke with had a good understanding of people and were able to provide us with in-depth knowledge about people's histories and what had led to them moving to Lilybank. We saw one member of staff chatted with one person about a local town and how it had changed. The staff member told us, "Everyone's got a story to tell." They continued and said, "No-one should be invisible." When we asked what they meant, they told us how important it was to find out about people; find out about them as a person, so they could communicate and understand them.

The provider had a complaints procedure which was clearly displayed at the service. The complaints procedure was in easy read pictorial and written formats. We saw the service had received thirteen complaints since our last inspection. We saw each complaint had been addressed with follow-up actions documented to identify any further learning.

## Is the service well-led?

### Our findings

There was a registered manager in post at the service; there was also a new manager who had started the process of registering with the Care Quality Commission as they intended to become the 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 employed a care consultant who regularly visited the service, to provide support to the management team and the staff. We saw a number of audits were carried out by the care consultant and members of the management team to ensure the quality of service was maintained. These included areas such as, health and safety, medicines, and care plans. Each audit had an action plan to address any issues found. Where improvements had been identified as necessary, they were addressed promptly. We saw the audits had highlighted the environment had required refurbishment and redecoration and a 'schedule of planned works' was in place and being worked through.

Information was gathered from people and relatives in the form of questionnaires; this information was also used to identify any areas for improvement, and provided information to assist the provider to drive up improvements. For example, results of the 2017 quality assurance survey showed the registered manager had recently taken up the post of 'hospitality manager'; this post was to ensure environmental audits and infection control was actioned in a timely manner. The role was also to ensure people's dining experience was a positive and pleasurable experience.

We spoke with people who used the service and they told us they knew who the registered manager was; they also told us they knew members of the management team and saw them as approachable. One person said, "[Name] is the manager. I sometimes see them but not every day. If I wanted to talk to [registered manager] I would ask staff to ring them up." They continued and said, "I don't know why but they are a good manager and they help sort things out for me." Staff we spoke with told us the management team worked well together and they were, approachable and supportive. One staff member described the new manager as, "Brilliant and very on it." When we asked what this meant, the staff member told us, "[Registered manager] always makes sure we're all ok."

Services such as Lilybank Hamlet are required to inform the Care Quality Commission (CQC), of important events that happen and affect the service. The registered manager and new manager were aware of their responsibilities and ensured they had informed the CQC of significant events, as required and in a timely manner.