Lilyrose Care Group Limited

Lilyrose Care Group Ltd - Staffordshire

Inspection report

Unit 11
Burslem Enterprise Centre, Moorland Road
Stoke On Trent
Staffordshire
ST6 1JQ

Tel: 01782960305
Website: www.lilyrosecaregroup.co.uk

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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

Lilyrose Care is located in Stoke-on-Trent, Staffordshirefordshire. It is domiciliary care agency which provides support to people in their own homes. It supports older people; people with mental health difficulties; people with learning disabilities and autistic spectrum disorders; and people living with dementia. On the day of our inspection, there were 10 people using the service.

There was a registered manager at this service, who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 involved in discussions about the individual risks associated with their care needs. People were supported to take positive risks, and ways were found to help people safely take these risks.

The registered manager understood the importance of the Human Rights Act in relation to people's care, and ensured this Act was embedded in their practice.

People benefited from a reliable and consistent staff team. People were not rushed on their calls, and their calls were not missed.People received the support they needed to safely take their medicines.

People's health was promoted, with staff working alongside a range of health professionals. Staff had the bespoke training they needed to effectively care for people and meet their needs.

People received the support they needed with their meals and drinks.

People enjoyed caring and comfortable relationships with staff. People were treated with respect, and their dignity was maintained, The registered manager advocated on behalf of the people using their service and made sure their voices were heard by the local commissioners.

There was a flexible approach to people's care, which took into account people's preferences and wishes. Staff knew people well as individuals, and people's care plans were reflective of their current needs. People's changing needs were responded to.

There was a system in place for capturing and acting upon complaints and feedback. Where feedback had been received, this was acted upon.

People were supported by a positive and enthusiastic staff team. There was a commitment to provide personalised care to people, and for the registered manager to know everyone the service supported.

The quality of care provided to people was routinely monitored to ensure high standards were maintained.

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.

People were cared for by reliable staff, who understood the importance of not rushing people during their calls. Individual risk assessments were in place, which were known and followed by staff.

People received the help they needed with their medicines,

Is the service effective?

Good

The service was effective.

People's health was promoted, with staff working alongside other health professionals to ensure people's health needs were met. Staff had the skills and knowledge needed in their roles.

People received the support they needed with their meals and drinks.

Is the service caring?

Good

The service was caring.

People enjoyed positive and respectful relationships with staff. People were involved in decisions about their care.

People's independence was maintained.

Is the service responsive?

Good

The service was responsive.

There was a flexible approach to providing people's care, with a focus on people's individual preferences. People's changing needs were responded to.

There was a system in place for capturing and acting on complaints.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff were positive about how the service was run. The registered manager monitored the quality of care provided to people, and acted on feedback and suggestions.

The values of the service were shared by the staff team, which resulted in a commitment to providing personalised care to people.

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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.

We made an announced inspection on 4 September 2017. The inspection team consisted of one inspector and one 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. They had knowledge and experience of care provided by domiciliary care agencies.

We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available in the office.

We looked at the information we held about the service and the provider. We asked the local authority if they had any information to share with us about the care provided by the service.

We spoke with two people who use the service, and four relatives. We spoke with the registered manager and three staff members. We looked at two care plans, which included risk assessments; healthcare information; capacity assessments; and reviews of people's care. We looked at the quality assurance records and recent feedback received.

Good

Is the service safe?

Our findings

People and relatives we spoke with told us staff arrived on time and stayed for the duration of the call. One person we spoke with told us, "They (staff) are on time, clean, helpful and I would not be able to manage without them. I'm more than satisfied and I cannot believe how well my carers look after me. " A relative we spoke with told us, "For [person's name], the timing is the most important thing; [person] needs regular care intervals, they (Lilyrose Care) are so far keeping to time-it's been about a year." The registered manager spoke with us about the importance of making sure people didn't feel rushed during their calls, and that staff were given plenty of travel time to prevent this. Staff we spoke with confirmed the timings of the calls meant that the quality of people's calls was not compromised. One member of staff told us, "We're not just 'in and out'; we are able to take our time with people. That is really important to all of us."

The registered manager and staff understood about how to keep people safe from harm or abuse. The registered manager had a Human Rights policy, which staff were encouraged to read and then pick out a key point to discuss in the team meetings. The registered manager demonstrated how they put this policy into practice. For example, they told us, "We make sure calls are long enough so that people don't feel stressed or tense, but not so long that we are charging them for calls unnecessarily; that is financial abuse." Recently, the registered manager had told one person and their family that they did not think the person should pay for two carers during a call, as the second carer was not needed. The registered manager was conscious of the fact this person was paying for this carer, and did not want to take advantage of them financially. People and relatives we spoke with reflected this approach in what they told us, For example, one relative told us, "Their staff are respectful and polite, and they have a bit of fun as well, but they know the boundaries; They don't take advantage."

We looked at how the provider recruited staff. We saw that staff were subject to checks with the Disclosure Barring Service ("DBS"). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care. The registered manager and staff told us that staff were not able to work with people until these checks were completed. These checks, combined with the references the provider sought, helped the provider make sure that suitable people were employed and people who used the service were not placed at risk through its recruitment processes.

We looked at how risks associated with people's individual care and support needs were managed. We saw that risk assessments were carried out with people and their relatives.. People told us they were involved in decisions about keeping them safe, with one person telling us, "They stick to what was agreed." A relative we spoke with told us, "[Registered manager] came out to see us and [person's name] was then in a care home. [Registered manager] did the risk assessments and involved us in that, and visited [person's name] in the care home and at their house" Risks had been considered in relation to areas such as people's eating and drinking needs; personal care; mobility and medication, and risk assessments were in place for these. For example, one person needed to sit up for a set period of time after eating, due to their health condition. Staff were aware of this, and the calls were in place to ensure this support was given. Positive risk taking was also considered and encouraged. For example, one person had expressed a desire to go to a local place of interest for the day. This had been discussed with the person as to how the trip could be arranged, whilst

ensuring their safety.

People told us they received the help with their medicines they needed. For some people, they needed staff to prompt them to take them, whereas other people needed staff to administer their tablets or prescribed creams. The registered manager carried out 'spot checks' on staff members, which included medication competency checks. This was to ensure that people received their medicines safely and as prescribed.

Good

Is the service effective?

Our findings

People and relatives we spoke with told us they felt staff were knowledgeable and skilled in their roles. One person we spoke with told us, "Some of the staff are more skilled than others, but they are all good." Another person we spoke with told us how staff were very careful with them when helping to mobilise, which the person told us was important to them. People were particularly appreciative of a staff member, who held a physiotherapy qualification. One person told us, "We are very fortunate to have [staff member's name]; they are absolutely brilliant,"

Staff we spoke with told us they were given the training and support they needed to carry out their roles effectively. One member of staff told us how a person now needed specific breathing apparatus, so bespoke training had been arranged for staff so they knew how to use this. We saw that staff had received training in areas such as care planning; safe use of hoists; medication and the Mental Capacity Act. Staff told us the registered manager was always open to suggestions for additional training, and that staff development was encouraged.

People consistently recalled how staff promoted their health and well-being. One person we spoke with told us, "They help me keep ahead of problems. They alert me to get the doctor and they are always checking for a blemish on my skin. The district nurses also keep an eye on me and, they are all working within a team for me." A relative we spoke with told us, "They have alerted us due to [person] not feeling well, and we got the doctor." Staff told us about the importance of working alongside other health professionals to ensure people's needs were met. One member of staff told us how they liaised with GPs, district nurses and pharmacists. They told us, "[Person] ran out of cream recently, so I have been chasing that prescription. [Person] has said to me, 'don't worry, I can go without for a few days', but that is not right. I wouldn't leave them without their cream; they need it."

Where people received help with their meals and drinks, they told us this was done well, with food prepared properly, nicely presented and with staff tidying up after. Relatives told us people seemed to eat well, with no concerns about the support provided. People's care plans reflected individual preferences about people's meals, and staff we spoke with were aware of these preferences. Where there were concerns about people's appetite or weight loss, we saw that staff had ensured the relevant health professionals had been informed.

The Mental Capacity Act 2005 (MCA) 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. 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.

We checked whether the service was working within the principles of the MCA. People were supported by staff who had an understanding of the MCA. We saw that where people lacked capacity to make specific

decisions, these decisions were made jointly by health professionals, relatives and staff in the person's best interest. Staff we spoke with understood about people's individual capacity, such as fluctuating capacity, or the ability to consent to certain decisions, but not others.

Good

Is the service caring?

Our findings

People we spoke with were positive about their relationships with staff, and about staff's attitude and approach. People spoke about feeling at ease with their carers; feeling listened to; and enjoying staff's visits. A relative we spoke with told us, "[Person's] regulars know how [person] likes things; not too many strangers." Staff spoke warmly about the people they supported. One member of staff told us, "I love the interaction and getting to know them all. We have great relationships with all the people we support."

People were involved in devising their care plans, and in any subsequent reviews. One relative we spoke with told us, "They (staff) don't at present empty things. It may need more information adding into the care plan. [Person] is more willing now; we've built it up bit by bit." The relative told us they were confident the care plan would be reviewed to reflect the care now required. Another relative we spoke with told us, "The care plan was all agreed so the care meant that [person] could come home from hospital; the care does what it says. [Person] now likes them calling and it's also a bit of company. [Person] likes to chat and to hear a bit about their families and holidays and things."

People gave us examples of how they felt staff treated them with dignity and respect. This included being provided with a copy of the rota a week in advance so that people knew who their carers would be. People also told us how staff respected their home and belongings, which they told us was of great comfort to them. Relatives we spoke with told us how people's dignity was maintained. One relative we spoke with told us, "The staff now need to use a hoist for [person's name]. It's used with safety and dignity." The registered manager told us, " We are careful that familiarity does not blunt the respect they (staff) should continue to show."

People told us their independence was promoted. We saw a recent local newspaper article, in which a person who used Lilyrose Care had praised the service for helping them to retain their independence and continue to live at home. Relatives we spoke with were positive about Lilyrose Care in relation to maintaining people's independence. One relative we spoke with told us, "They (staff) help [person] have a wash and they help [person] to get dressed. [Person] looks well looked after, and it means they can continue to live at home."

People told us staff understood their individual communication styles and needs. One person told us they were hard of hearing, which staff knew and understood the need to speak loudly. One member of staff told us, "Everyone has different communication styles. People take to different types of communication. Some people might like to have a bit more of a laugh and a joke, whereas others prefer to be quieter." The registered manager understood the importance of access to independent advocates for people, if required. At the time of our inspection, no one needed an advocate, but the registered manager told us referrals would be made when needed. The registered manager was a Patient Congress Member, which involved advocating on behalf of the people using the service in discussions with the local commissioners. The registered manager had recently feedback concerns on behalf of a person regarding the difficulties they had faced in trying to request the services of health professionals in relation to a specific medical issue.

Good

Is the service responsive?

Our findings

People benefited from a flexible approach to their care, which took into account their individual preferences. One person had requested male carers on their calls, and this was put in place. The person then changed their mind, and asked for there to be a mixture of female and male carers, with the female carers visiting in the morning and the male carers in the evening. Again, this request was accommodated for the person to ensure they received the care they wanted. The registered manager told us they would always endeavour to meet people's requests.

Staff we spoke with knew people well, including their likes, dislikes and personal preferences. They told us how important it was to ensure these were respected. For example, one member of staff told us about a person, "[Person's name] cannot relax properly until they know all the meal-time dishes and utensils have been washed up and put a way. They worry about it, and we noticed they were rushing their meal and not finishing it just so they could get the dishes washed whilst we were there. So we are careful to make sure we reassure them not to hurry, everything will be done before we go." People's care plans contained a section on people's "Likes, hopes and needs", which staff were familiar with.

We found that changes in people's health and wellbeing were responded to. One person expressed concern about their hearing. Staff and the registered manager tried various health professionals to try and arrange a hearing check for this person, but this proved unsuccessful. The registered manager then looked at other community links, and found a charity who was able to assist this person and get them the help they needed.

We looked at the system for capturing and responding to complaints. At the time of our inspection, the complaints procedure in place stated any formal complaints would be investigated by the registered manager. It also stated there would be an option of an independent review of the complaint in the event a complainant was dissatisfied with the registered manager's response, or the complaint was about them. Taking into account the registered manager was also the registered provider, we asked them who would conduct the independent review of the complaint. The registered manager told us there was currently no provision in place for such a review. We discussed the options available during the inspection, and the registered manager told us they would explore these and ensure this was put in place. At the time of our inspection, no formal complaints had been received. People and their relatives told us they knew how to complain, or how to provide feedback and suggestions.

Good

Is the service well-led?

Our findings

People and relatives were positive about the registered manager, and how the service was run. The registered manager was described in terms such as "approachable"; "hands-on", and "personable." People, the registered manager and staff told us the registered manager covered care calls themselves and as such, they were familiar with everyone who used the service. The registered manager told us, "I know 100% what is going on."

Staff were motivated in their roles and spoke of a high staff morale. One member of staff told us, "It is brilliant working here. We are a great staff team and we all know the clients so well." The registered manager told us about the importance of recruiting the right carers, and supporting and developing them in their roles. They told us, "I want staff for whom nothing is too much trouble. If you have happy staff, you have happy clients."

The registered manager used a range of different quality assurance methods to help them monitor the quality of care provided. These included covering calls; spot-checks on staff to assess their on-going competence in the role; audits and questionnaires. We saw that a recent records audit had found that staff had not documented fully why they had called an ambulance for a person. This had been raised with staff, and the importance of accurate record-keeping was reinforced. We looked at a sample of recent questionnaire feedback from people and relatives. People had been asked for their feedback in a range of areas of their care, including communication; punctuality of staff; staff training and skills; and dignity and respect. The feedback received had been consistently positive, with any suggestions acted upon, For example, the complaints policy had now been provided as a separate document rather than as part of the induction pack.

The registered manager told us the vision and values of the service were to provide personalised care to people. They told us to maintain this, they would not take on more than a set amount of care a week as they felt that would start to compromise the quality of care people received. Staff we spoke with shared this ethos, and told us how important it was to get people's care right for them. One member of staff told us, "[Person] is our most vulnerable client. [Person] relies on us, and we have to get it right every time."

The provider had a whistleblowing policy in place. Staff told us they were aware of the policy and that they would have no concerns in raising a whistleblowing concern, if necessary. They told us they believed that action would be taken by the provider in the event that any concerns were raised.

The provider had, when appropriate, submitted notifications to the CQC. The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our ongoing monitoring of services.