

Lilyrose Care Group Limited

Lilyrose Care Group Ltd, Cambridge

Inspection report

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23 June 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lilyrose Care Group Ltd, Cambridge is a domiciliary care agency providing personal care to 12 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The provider had systems in place that helped ensure that staff delivered a service that met people's needs and kept them safe.

People felt safe receiving the service and were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Medicines were well managed by trained and competent staff. The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.

People and relatives had mixed views about how well the service was managed. Some people and relatives made very positive comments about the service, the manager and how they were listened to. However, we also received feedback the service had been short-staffed, and improvements had not always been sustained.

The service had enough staff to meet people's needs effectively. Senior staff regularly checked staff member's performance and requested feedback from people. Where possible, they acted on people's feedback and addressed their concerns. Most people gave very positive feedback about the staff who supported them. One person said, "The [staff] take their responsibilities seriously; they have a lot of energy, are kind and compassionate."

There was effective communication in place to ensure staff were kept up to date with any changes in the service provided. Staff liked working for the service and felt valued. The manager led by example to create a positive and caring culture. Staff felt very well supported and made positive comments about them.

The registered manager left the service in 2019. The current manager was in the process of applying to register with us.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (report published 2 March 2020)

At our last inspection we recommended that the provider consider current legislation on recruitment requirements and take action to update their practice for further prospective employees. At this inspection we found they had made this improvement.

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Lilyrose Care Group Ltd, Cambridge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager left the service in 2019. The current manager was in the process of applying to register with us.

Notice of inspection

We gave a short period notice. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 May 2022 and ended on 27 June 2022. We visited the location's office on 23 June 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information gathered as part of monitoring activity that took place on 8 March 2022 to help us plan the inspection and inform our judgements. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During this inspection we spoke on the telephone with five people who use the service, six relatives, and six staff. These included three care workers, a senior care worker, a team leader, and the manager.

We also reviewed a range of records. These included sampling two person's care records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service. These included audits, records relating staff training, and meeting minutes.

After the inspection

We spoke with the nominated individual about the manager's registration with CQC.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended that the provider consider current legislation on recruitment requirements and take action to update their practice for further prospective employees. At this inspection we found they had made this improvement.

- All required recruitment checks had been completed prior to staff working for the service. Information obtained included references and a criminal record check.
- There were enough trained and skilled staff to cover the agreed care call visits. Staff, including the manager, were flexible in their working arrangements and covered care call visits when care workers were on leave.
- We received mixed views about the staff skills and consistency. Some people were very happy and told us, "There is a pool of five [staff] who come to me and I now know them all. They are approachable and we talk about everything and anything."
- Some people and relatives expressed concern that staff were very busy, and their care was provided by lots of different staff. One person said, "[The service] has a high turnover of staff. There is a core group of [staff] who have been with them for a while, but the new ones never stay long."
- Staff told us they were happy working for the service and had enough time to cover calls, but one staff member said they had not been given enough time to travel between calls in the past. The manager showed us they used a computer system to help them calculate, and ensure, staff had enough travel time. Records showed call arrival times were usually within the provider's allowed 30-minute tolerance time. People said staff sometimes, let them know when an emergency arose, and they were running late. We saw the manager had reminded staff to do this.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person said, "I feel very safe with the [staff] I have from this agency." A relative told us, "I always felt my husband was safe with the [staff] as they were really nice."
- Staff had received safeguarding training. They were confident about how they would report any concerns both internally, to the manager, and externally to other organisations. External organisations included the local safeguarding team and CQC. Staff were confident the management team would take any concerns seriously.

Assessing risk, safety monitoring and management

- Risks to people's health, safety, and welfare were identified, assessed and action taken to reduce the risk. However, there was not always clear guidance for staff of when to call for emergency care. For example, one

person's risk assessment and care plan advised staff of the signs the person displayed leading up to a seizure and how to support them during the seizure. However, it provided no guidance on triggers for when staff should call for emergency medical support for the person. The manager said they would address this immediately.

- People and relatives told us that staff were confident when providing care and using equipment to support people. One person told us, "I am at risk of falling and I use a walking frame. [Staff] always ensure I am safe and steady on my feet before I start to walk." A relative said, "The [staff] are very aware of [my family member's] risk of falling and act accordingly."
- Staff told us that when people's needs changed, the management team quickly updated people's risk assessments and care plans and communicated this to them. This meant staff had guidance on how to meet people's current needs.

Using medicines safely

- People told us staff supported them to receive their medicines safely. One person told us, "I have tablets and inhalers, so [staff] prompt me to take them and then record on a MAR (medicines administration record) chart what I have taken. They also apply the prescribed creams I need properly."
- Staff were trained to manage people's medicines safely. Their competency to do this was checked before they could do this on their own, and regularly afterwards. This helped to ensure that people received their medicines as prescribed.
- Care plans provided staff with clear guidance on how to administer each person's medicines.
- Staff completed medicines administration records after they had administered any medicines, including prescribed creams. The management team audited these regularly and took action where necessary.

Preventing and controlling infection

- Staff completed infection control training and received support from the manager during the COVID-19 pandemic.
- All staff took part in the national COVID-19 testing programme.
- Care staff confirmed they were provided with sufficient supplies of disposable personal protective equipment (PPE) including gloves, facemasks, and aprons. Most people confirmed staff wore these in line with current guidance and washed their hands frequently. However, two people told us staff were not always wearing masks correctly. The manager had reminded staff of this and senior staff checked staff were wearing PPE appropriately during spot checks.

Learning lessons when things go wrong

- The manager acknowledged and responded appropriately when things went wrong. They put actions in place to bring about improvement and discussed any lessons learnt with staff. For example, the manager reviewed all accident and incidents forms. They recorded whether any additional actions were required and shared any learning with staff individually and at staff meetings.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last registered manager left in 2019 the nominated individual (NI) supported the day to day running of the service. The current manager had worked as part of the service's management team for some time. Following our inspection, the NI told us the manager had started the application process to register with us.
- People and relatives had mixed views about how well the service was managed. Some people and relatives made very positive comments. One person told us, "I think [the manager] manages the service quite well and that [staff] are aware of their responsibilities." However, another person described the manager as, "Continually firefighting due to shortage of staff and problems with recruitment." The manager acknowledged that it had been challenging to recruit staff but showed us during the inspection they had recruited enough staff to meet people's needs
- The manager provided good leadership to the staff team, and staff felt well supported. One staff member told us, "If I've any questions I can ask, and I can ask for extra training. [The manager is] always open for me to chat if I need to."
- Staff were clear about their roles and knew when and how to raise any concerns.
- Relatives had mixed views about staff competence. One relative said their family member told us staff were, "Not trained properly" to meet their family member's needs." However, another relative said all the staff, "Seem trained well enough to meet [my family member's] needs."
- We found staff were trained to effectively meet people's needs and preferences. Although some staff induction records had not been fully completed, staff told us they had received induction training that enabled them to meet people's needs and preferences prior to providing care. Records showed all staff had completed various courses the provider deemed mandatory. Staff also told us they had shadowed more experienced staff during their induction. One staff member said, "I had to shadow other [staff] so I could see what [people] needed and was told the difference between the calls." Staff said they could request additional training if they wished.
- The manager was clear about the events they were required to notify us about. Although such an event had occurred since our last inspection, and not been reported to us, the manager explained the reason for this and assured us they would ensure notifications were made in the future.
- The provider had effective systems in place that helped ensure staff delivered a service that met people's needs and kept them safe. Senior staff regularly carried out spot-checks of staff member's performance and

sought feedback from people and their relatives about the service they received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought people's and relative's views on the service formally, through surveys and care reviews, as well as more informally during day to day contact. Survey responses were generally positive. One person told us, "I do think [the service] is reasonably well managed. They have contacted me for feedback on my care and whether I require any changes and if I need changes, they will address them."
- People told us they could always contact the service. They said the manager and nominated individual were approachable. One person said, "It is easy to get hold of the office even out of hours."
- Relatives said the service kept them informed if they had concerns about their family member. One relative said, "They always keep in touch and if anything has happened, they ring me right away."
- There was effective communication in place to ensure staff were kept up to date with any changes in the service provided. Staff liked working for the service and felt valued. One staff member said, "I personally think they are a very helpful and reliable company and are always there to help." Staff had opportunities to discuss their views on the service formally through supervision and meetings, and informally on a day to day basis.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The manager led by example to create a positive and caring culture. Staff felt very well supported and made positive comments about them. Staff told us they could always contact the manager, or other nominated person, for advice and support.
- Staff told us they would be happy for a family member to be cared for by the service. One staff member said this was because, "They just generally are a good company. They genuinely care about their [people]. The manager goes above and beyond."
- Most people and relatives told us the manager listened and took action when improvements needed to be made. One person said, "I had one [staff member] I could not get on with and they made me feel uncomfortable, so I requested for them not to come again and that was implemented." However, another person said improvements were not always sustained.
- Staff said the manager took action to bring about improvements when needed. They said the manager, "Listens to feedback and if changes are needed, they are done quickly. If things [are] not right then messages are sent out straight away, so things are done quickly."
- People's records were well organised and stored securely within the office.
- The provider displayed the service's CQC rating on their website and in their office.

Working in partnership with others

- Staff worked in partnership with external care professionals to ensure that people received joined up care. The manager and senior staff contacted other organisations, such as the local authority, appropriately.