

Lilicares Limited

# Lilicares Limited

## 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

About the service:

Lilicares Limited is a domiciliary care agency. It provides personal care to adults who want to remain independent in their own home in the community. The people who use this service are older adults.

Not everyone using Lilicares Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care. At the time of the inspection, the service was supporting two people, one of whom received some element of personal care.

This was the second inspection of this service since the service was registered with CQC on the 14 September 2017. The service was inspected on 12 September 2018, but not rated at that time due to insufficient evidence. The registered manager has continued to successfully provide the regulated activity of 'personal care' to one person and supports a second person that does not receive personal care.

There was a registered manager at the service who was also the provider. 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.

People's experience of using this service:

The person we spoke with, confirmed that the service they receive had continued to be good. They said the registered manager was kind and caring, and they confirmed that all her current needs were being met.

Needs were assessed before the person started using the service to ensure that they were able to provide them with the care they required. This included information on religious and cultural needs. The service had policies in place to ensure that people's rights were protected, and people were protected from discrimination.

Care plans were up to date and accurately reflected the person's needs. The registered manager knew the person well and care plans were updated on an ongoing basis. The registered manager understood their responsibilities under the Mental Capacity Act 2005 and was aware of the person's decisions and respected their choices.

Risks to the person had been assessed and there was a plan in place to minimise these risks. Care was provided by the registered manager who was able to meet the person's needs and cover the care calls provided by the service.

The registered manager had the skills and knowledge they needed to support people. There were

recruitment systems in place, however, currently there were no staff at the service other than the registered manager.

The person was protected from abuse and the risk of harm. There were safeguarding policies in place and the registered manager knew how to identify and report concerns.

There was an up to date infection control policy in place and personal protective equipment were available where needed.

The person was treated with respect and kindness. Privacy was respected, and they were supported in a dignified way. The person was supported to maintain and increase their independence where appropriate.

There was an up to date complaints policy in place which was shared with the person who used the service.

The registered manager understood their role and responsibilities. There were policies and procedures to ensure that peoples medicines were managed safely, however the service was not supporting anyone with their medicine.

The provider had a system in place to ensure that the service could be audited to identify where improvements were needed and actions were taken. For example, auditing of care plans. This included a system for completing spot checks on future staff to monitor performance and competency assessments for medicine administration and manual handling.

The registered manager attended network events to share learning and best practice.

Rating at last inspection: This service was not rated at the inspection on the 12 September 2018, due to insufficient evidence being available.

Why we inspected: This was a planned comprehensive inspection to follow up from the last inspection and provide a rating for the service.

Follow up: We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 was Safe  
Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was Effective  
Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was Caring  
Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was Responsive  
Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was Well-led  
Details are in our Well-led findings below.

Good ●

# Lilicares Limited

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector carried out this inspection to the office location on the 3 May 2019.

#### Service and service type:

Lilicares Limited, is a domiciliary care agency providing personal care to people in their own homes. The service is currently supporting two people, one of whom receives personal care.

The service had a manager registered with the Care Quality Commission. The registered manager was also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This comprehensive inspection took place on 3 May 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because the service is small and the registered manager is often out of the office and provides care. We needed to be sure that they would be in.

#### What we did:

We reviewed information we had received about the service since the last inspection, on 12 September 2018.

The registered manager completed a Provider Information Return, for the inspection in September 2018, so we did not request one before this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we looked at one person's support plans and risk assessments. We viewed a range of policies and procedures. We spoke with the registered manager. We spoke to one person who uses the service by telephone on the 8 May 2019.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm. The person using the service told us that they felt that the service was safe.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The registered manager was able to explain what the possible signs of abuse were, such as bruises and a change in behaviour. They were aware that they needed to report concerns to the local authority and CQC.
- There was a safeguarding policy and procedure in place which included information about the local authority, relevant local contact details and how to report safeguarding concerns.
- There had been no safeguarding concerns since the service was registered.
- The registered manager had undertaken training and was up-to-date with changes to legislation and best practice.

Assessing risk, safety monitoring and management

- The risks involved in delivering people's care had been assessed to keep people safe.
- Individual risks to the person's health and wellbeing had been identified, there was the guidance needed to mitigate risks. Care plans contained risk assessments including risks relating to mobility, personal care and medicine.
- Risks to the environment were assessed before the person started to receive a service. Care plans contained information on how to support the person to remain safe within their own home, for example, assisting the person to keep areas of their home environment uncluttered to reduce the risk of falls.
- Care plans included information on risks from the environment to the person and those providing their care. For example, there was information on parking and the lighting outside of the person's home to protect staff during dark winter evenings and information on the hazards to consider when accessing the property.

Using medicines safely:

- To date the service had not supported anyone with their medicines. There were up to date policies and procedures in place. This included a risk assessment for medicines should people need support in the future together with procedures for undertaking competency assessments should the service have staff administering medicines in the future.
- The person was able to administer their own medicines and had made it clear this was their decision and choice. It was recorded in their care plan.
- The registered manager had undertaken medication training.

Preventing and controlling infection

- There was an up to date infection control policy in place and the registered manager had access to personal protective equipment (PPE) to use where appropriate.
- The registered manager had undertaken infection control training.

Learning lessons when things go wrong:

- Policies about dealing with incidents and accidents were in place to minimise harm and continued to be effective.
- There had been no incidents or accidents at the service. Incident forms were available in care plans and included space to record what actions would be taken to ensure the incident did not re-occur and how the person's care plan was updated as a result of the incident.

Staffing and recruitment:

- There were no staff at the service apart from the registered manager. The service was delivered by the registered manager.
- We asked the registered manager what provision there was to provide cover if they were sick or on holiday. The registered manager told us that the person receiving the service was flexible about when they received support and that the call could be re-arranged. The person told us that they were happy with this arrangement and had family support if they needed anything urgently.
- The registered manager told us that they were planning to recruit staff in the near future and there were appropriate recruitment policies, systems and procedures in place to do so.
- These included a checklist to ensure that references were received and other relevant checks on the person and a full employment history were obtained.
- The registered manager had a Disclosure and Barring Service (DBS) check when they registered the service with CQC to ensure that they were safe to deliver services. A DBS check helps to identify people who are unsuitable to work with adults in vulnerable settings.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good:  People's outcomes were consistently good, and the person's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- The person's needs and choices had been assessed before they received any care, so that care achieved effective outcomes in line with guidance.
- The person confirmed the registered manager visited them in their own home before they started to use the service to make sure that the service could provide the care and support that the person needed.
- There was an assessment process in place. The assessment included information on mobility, personal care needs and health. There was information in the care plan to identify how the person was supported to maintain their current level of mobility.
- There was also information on what support the person required with their religious and cultural needs. This information was used to develop the person's care plan and risk assessments. Assessments considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's disability or religion.

Staff support: induction, training, skills and experience

- The registered manager had completed the appropriate training needed to enable them to deliver care safely and effectively. This included completing competency based skills training designed to ensure that carers had the skills and knowledge they needed to deliver care for people.
- The registered manager had recently completed dementia awareness training.

Supporting people to eat and drink enough to maintain a balanced diet

- No one using the service needed support to maintain their hydration or ensure that they had access to food. No one needed support to eat safely.
- The registered manager continued to provide support to one person to enable them to meet their cultural dietary preferences. The registered manager supported the person to make their preferred meals under the direction of the person and at their request. The person told us the food the registered manager made was very good and she enjoyed the meals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- No one currently using the service needed support from the registered manager to access health care services or manage their appointments.
- People's medical conditions and how they managed them were documented in their care plans.
- The registered manager was able to support people if and when needed, by arranging assessments for specialist equipment that might enhance their lives, such as specialist beds or mattresses.
- The registered manager was able to ensure people had access to support from health and care

professionals if and when needed.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority.
- No one currently using the service needed support to make decisions of choices however, the registered manager understood the principles of the MCA and was aware of the importance of respecting people's decisions. The registered manager told us, "People with capacity can make choices and it is their home and they can do what they like". There was an up to date positive risk taking policy in place which was shared with the person who used the service through the service user guide. This policy aims to ensure that people are supported safely to continue to take everyday risks like those taken by other ordinary citizens.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person said, "The registered manager is caring and treats me with respect."
- People were asked about how they wanted to be supported to meet their equality and diversity needs such as support relating to their religion or sexuality. No one wanted any support with these needs at the time of the inspection.
- The provider had developed a service user guide which was given to people when they began to receive support. This document aimed to provide them with the information they would need about the service and their rights. Information included; what the service values were, people's rights, information on the services policies to protect people from discrimination, information on the service's confidentiality policy, contact numbers and how to make a complaint.
- The service was working according to the Accessible Information Standards (AIS) and its requirements. AIS is a framework put in place in August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, information was provided in plain English, using clear large print format which could be increased, if needed. The registered manager told us that they would use these documents to discuss and explain information to people if they were unable to read them for themselves.

Supporting people to express their views and be involved in making decisions about their care

- There was information in the care plan to ensure that the person was supported to maintain their independence. There was information on what the person could do for themselves and where they needed support. For example, there was detailed information on how the person liked to be supported to bathe and what areas they were able to wash themselves. The person told us, "The registered manager does everything that I ask her to do."
- The person was supported to express their views and they and their relatives were involved in making decisions about their care and support.
- The person was involved in the review of their care plans and risk assessments and able to voice their opinion if things were not working for them.
- There was information in the person's care plans about communication needs.

Respecting and promoting people's privacy, dignity and independence

- The person told us the registered manager was kind, respected their privacy and respected their home when they visited and helped them maintain their dignity. They told us that the registered manager asked permission before they undertook care tasks and talked to them about what they were doing before they did it.
- The person was supported by the registered manager to be as independent as possible. Care plans

considered the person's strengths and abilities, such as how they take part in making decisions about their care, or what aspects of the care they can complete themselves.

- Records were kept confidential and were stored at the main office in a locked cabinet. There was a confidentiality policy in place and the registered manager understood the principles confidentiality and keeping people's information safe.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care was personalised and centred around the person and their likes and preferences. There was information on the person's life history, what was important to them and how they liked to be supported.
- There was information on the person's religious, cultural and social needs together with detailed guidance to describe what assistance may be needed and when or how they would know if assistance was needed. The records also included information about what was a good day for the person and what would make a day bad. There was also information about the person's goals and what support they needed to achieve these.
- There was information in the care plan about the person's social needs and how these are met. The service was not providing anyone with support to access the community, but they had the information they needed should they be required to do so, such as what events the person liked to attend and what was important to them.
- Care plans were reviewed on an ongoing basis. There was a system in place to ensure that care plans would be reviewed regularly and when needs changed. The person who used the service told us that they were involved in developing their own care plans.

Improving care quality in response to complaints or concerns

- There was an up to date complaints policy and procedure in place.
- The service had not received any complaints since it started.
- There was information about how to complain detailed in the service user guide that was issued to people when they started receiving a service. This gave people or their relatives the information they needed to be able to make a complaint if they wished to. The person told us they knew how to make a complaint if they needed to but had no cause to do so.

End of life care and support

- Currently, the service was not supporting anyone at the end of their life.
- The registered manager had undertaken end of life care training.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The person said the service was well led. they said, "I am very happy with the support I receive."
- The registered manager had a clear vision for the service which focused on providing high quality, compassionate care that was centred around the person. This vision was shared with the person who used the service through the service user's guide.
- The registered manager was able to demonstrate that they understood their role and the responsibilities. The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service.
- There was a registered manager who was also the provider. 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.
- It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements.
- There were up to date policies and procedures in place. These included policies on recruitment, fair access and equality and diversity, complaints, incidents and accidents, infection control, safeguarding, confidentiality and health and safety.

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

- There were systems in place for undertaking checks and audits of the service if the service grows and recruits staff. This included undertaking audits of care plans, risk assessments and recruitment records.
- There was also a system in place for undertaking spot checks of staff for medicine administration, moving and handling and competency observations. This included ensuring that any future staff were delivering care as detailed in the care plan and seeking feedback from people on the quality of care provided.

Continuous learning and improving care

- The service was well-led by a kind and passionate registered manager that had worked in care provision for a long time in both residential and domiciliary care settings. The registered manager had recently completed the level 5 diploma in care leadership & management for health and social care. They were also undertaking a Skills for Care registered manager's course. They attended regular meetings for registered

managers to share learning and best practice.

Working in partnership with others

- The registered manager helped people to be part of their community, using local resources and keeping close contact with health and social care professionals to make sure people had access to joined up care when necessary.