

Lily Mae Homecare Limited

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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

Lily Mae Homecare Limited is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes in Market Deeping, Bourne and Stamford. At the time of the inspection visit there were 44 people using the service.

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

Systems were in place to ensure the safety of people being cared for. Records showed, and staff confirmed they had received safeguarding training and were knowledgeable about how to recognise and protect people from abuse. Risks to people were assessed and managed. Medicines were managed, procedures were in place to support this. Safeguarding issues and complaints were analysed, and improvements were made. Lower level accidents and incidents were recorded and reviewed to help learn when things go wrong. Records confirmed staff were recruited safely.

People's needs were appropriately assessed, and outcomes were met. Records showed, and staff confirmed that they received the training they needed to do their job well. Specialised training to support people who required more complex support was provided.

People's nutritional needs were met, those with more complex needs who required a specialised diet were catered for. Care records were detailed, and staff described the support required to assist people with swallowing needs well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's consent to care was not recorded in their care records. We acknowledged verbal agreements were reached when people start using the service, but this was not recorded to demonstrate people are receiving the care which has been agreed and they consent to it.

The provider immediately implemented a simple process to address this.

The service being delivered was caring and was delivered by a staff team who were kind, considerate and empathetic. Staff described a 'family' atmosphere and approach. The registered provider had the interests of people using the service and their staff team at heart. People were given the opportunity to express their views. Staff demonstrated good awareness of how to maintain privacy and dignity.

People were receiving care which was responsive to their needs. People were consulted about the care they received and were asked for feedback. People would benefit from learning more about what action is being taken to address their concerns. The registered manager was aware of this and was considering how to feedback from the latest quality assurance surveys. Complaints were well managed we saw evidence of good customer satisfaction and compliments.

The provider has a clear direction and vision. Leadership is visible, accessible and the management team

lead by example. Staff were complimentary of the support they receive from the management team. Morale in the team was good and there was a good team working ethos.

Processes were in place to ensure that the delivery of care was monitored and checked regularly. Plans for improvement were implemented and actioned. The registered manager and the team work in partnership with other health and social care professionals within the community.

Rating at last inspection

At the last inspection the service was rated Requires Improvement and was published on 21 December 2017.

Why we inspected

This was a scheduled inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at 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 ●

Lily Mae Homecare 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

The inspection was carried out by one inspector.

Service and service type

Lily Mae Homecare Limited is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection the agency was providing personal care to 44 people. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with five people and one relative, three care staff, a care coordinator, the compliance manager, the registered manager and the nominated individual. We reviewed records related to the care of five people. We looked at records of accidents and incidents, audits and quality assurance reports, complaints, and four staff files.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People using the service lived in their own homes and told us the service helped them feel safe and secure while living independently.
- The provider had a whistleblowing and safeguarding policy which the staff were aware of. One staff member told us, "They [policies] are on the website and we have an app on our phones. They are also kept in the office and we can print them off if we need them."
- Records showed staff were provided with regular training to ensure they were aware of the signs of abuse and how to report concerns if needed. Staff we spoke with demonstrated they had good knowledge in relation to safeguarding people from abuse. "I'd report any sort of abuse - anything I thought was abuse, verbal, sexual - not that I have seen anything like that here."

Assessing risk, safety monitoring and management

- Systems and processes were in place to ensure risks associated with people's care and support was managed effectively.
- The environmental safety of people's homes was assessed to ensure that the delivery of care and support could be carried out safely.
- Records showed risks associated with people's health conditions were assessed thoroughly. For example, one person had a percutaneous endoscopic gastronomy [PEG] tube fitted. The risk assessment contained clear guidance for staff to ensure the process of feeding the person using the PEG tube was safe.

Staffing and recruitment

- Records showed staffing levels were sufficient to ensure people received the care they required. The registered manager told us that agency care staff were not used.
- People and relatives consistently told us the service was reliable, and they had continuity of staff. One relative said, "Some of them [staff] have been around for years we know them really well and know them all by name. New staff are usually introduced gradually."
- Staff were recruited safely. The provider had carried out background checks to assure themselves staff were of good character. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Using medicines safely

- People and relatives consistently told us they were satisfied with the support they receive to take their

medicines. One person told us, "They have to do my eye drops and check my insulin pen. Yes, they are very good at medication."

- People who required assistance to take medicines had a care plan and risk assessment which described the support they required to take them safely.
- The provider had a policy relating to the safe administration of medicines which staff were aware of. Training records confirmed staff were trained to administer medicines and new staff were observed to ensure their competence prior to being permitted to administer medicines to people, annual medicines observations were carried out thereafter.
- Records showed the registered manager carried out regular checks to ensure medicines were being administered safely. They told us, "I check all medicines each month. Changes (to people's medicines) are communicated to staff. I do monthly audits of all the administration sheets. Our biggest issue was gaps in the administration sheets. We've put a new process in place to address this." We were assured by this.

Preventing and controlling infection

- Records showed all care staff received training about infection control.
- Staff told us how they prevent the spread of infection when working with people in their own homes. One staff member said, "I wear an apron and gloves. When I am making food, I take off my apron and gloves and put them in the bin so that they do not contaminate the food. If the apron or gloves are torn, I replace them."

Learning lessons when things go wrong

- The provider had a system for reporting accidents and incidents.
- The registered manager told us that accidents and incidents were reviewed along with safeguarding concerns and complaints to ensure lessons were learnt. The registered manager said, "We had an incident regarding medication. We investigated it with the two carers involved. Medicines competencies were not routine at the time, but we have implemented this because of our findings."

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to the provider agreeing to deliver care. Records showed assessments were sufficiently detailed to ensure that people's needs, and wishes were captured accurately. People confirmed this. One person said, "When I first started with them, they met with me and we agreed a plan - I think it gets reviewed each year."
- The provider told us how people's needs are assessed when they are first introduced to the service. "When someone asks for care, first we have a conversation on the phone and get as much information as possible. [The compliance manager] will then go out and meet with them. [The compliance manager] will bring the information back so we can establish if we can meet their needs and consider what training we might need for the staff. If we agree we then go out and develop a care plan with them. Recently we took a carer to the meeting so that they can get to know them and make sure that they get on."

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction when they started working with the organisation. This included a period of 'shadowing' where new staff work alongside more experienced care staff before providing care and support to people on their own. The induction also involved completing the care certificate and essential training to meet people's needs.
- Staff told us they received the training they required to do their jobs well. One staff member told us, "I have some more medication training to do tomorrow. For the people I care for I feel confident and the training I've had enables me to do my job."
- People and relatives consistently told us staff were competent and good at their jobs. One person told us, "When someone new starts they do shadowing to get to know me. They are skilled and competent, I sometimes need to prompt them, but that isn't too much of a problem."
- Records showed that staff were provided with training to ensure they could support people living with health conditions such as dementia and diabetes.

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

- People were responsible for providing their own food and drink. Some people required support to prepare meals and drinks as part of their care and support.
- Records confirmed staff received training regarding food hygiene as part of their mandatory training requirements.
- Staff were knowledgeable about people's dietary requirements, one staff member told us, "Most people

receive microwave meals. One person has multiple sclerosis and we need to mash their food because they can choke. I feel confident supporting them, the guidance in their folder is good. I make sure they are sat upright and not laid down when eating."

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

- The provider had built good working relationships with other professional health and social care agencies. The registered manager told us, "We work closely with district Nurses in the local area. The head nurse from the clinical commissioning group has delivered training to the staff team. We often have discussions with the occupational therapy team and the social workers."
- Records showed advice provided by health and social care professionals such as speech and language therapists were included within peoples care plans. This meant professional advice was acted upon.
- Care records showed people were supported to access healthcare services such as the GP if they needed it.

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

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Records showed care plans and associated documents did not include evidence to confirm people had agreed and consented to care being delivered in the way they had agreed. We spoke with the provider about this. The provider agreed to implement a process immediately to ensure that people and their representatives could sign to confirm their consent in the future.
- People and relatives told us staff asked for permission prior to delivering care. One person said, "They [staff] talk it through to make sure it is what I have asked for. At least with this care company they do chat to you and they are always polite."
- Staff received training regarding the MCA. One staff member said, "It means that everyone has capacity unless there is evidence to suggest otherwise. If they want to do something and there is nothing to suggest that they can't we should go with it. It might not be to my liking, but it is their choice. We shouldn't influence people to do things that they don't want to do."

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives consistently told us staff treated them well and were kind to them. One person said, "Oh yes they are kind, certainly very caring, that is the nature of their job. I have never heard staff use sharp words.". Another person said, "It's the best care I've had."
- Staff we spoke with told us unreservedly they would be happy for a family member to receive a care service from the provider. "Yes of course, they are very caring. The managers, they care for their staff, so I know that they would care for my family. They treat us like a family too".
- The provider ensured staff were trained to understand equality and diversity. The registered manager told us, "We provide care to a person from another country who doesn't speak English. We have arranged for a relative to translate information we have provided to help them understand. Staff mostly communicate by gesturing and showing, but [the person] has picked up some English phrases and staff have learned a few basic phrases in their language." They went on to describe how the service meets the diverse needs of its employees. They told us "We treat everyone as individuals. We employ staff from across the world; we have a very diverse workforce. We give time and support for potential new staff to complete application form prior to interview."

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

- People and relatives told us that they were involved in developing their care. One person told us, "First of all we had a social worker visit, that was good. Then, when we joined someone came out and sat on our settee and we talked. They wrote a plan and I read it and agreed it. I've just had a new care plan drawn up which we are in the process of getting sorted. Some parts we didn't agree with and it was changed."
- The registered manager placed an emphasis on delivering care to people herself, so she could ensure care plans were reflective of people's needs and wishes. They told us, "By talking to them and doing the care calls myself, I can understand what people need and want and how they like it."
- People were asked to complete an annual survey to tell the provider about their experiences of their care and support. Records showed that the most recent survey was completed and returned by 60 percent of the people using the service. The results of the survey indicated satisfaction levels were good. An action plan had been developed to address shortfalls. The provider told us that they were considering how best to feedback the results from the most recent survey to people using the service and were planning to communicate this through a forum or in a newsletter.

Respecting and promoting people's privacy, dignity and independence

- Staff received training to understand the principals of privacy, dignity and independence. One person told us, "When we first started with them they always knocked, but now we know them well we told them that they can enter the house without knocking, I sit in a chair and look out of the window so can see them coming. They put on plastic overshoes which we have asked for. We have a key safe for when my wife is out, and they can let themselves in."
- Staff were knowledgeable and knew their responsibilities for making sure that people's rights to privacy, dignity, independence and confidentiality were upheld. One staff member told us, "I ask them what they want me to do. I know there are people who don't like to show intimate parts of their body. I stand outside with the door ajar, just to make sure that they are safe."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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 plans were person centred and contained detailed information about people's needs and wishes. Records showed people had been encouraged to complete a short life history called 'About Me' which contained good information about people's likes and dislikes.
- Care plans were regularly updated and reviewed. We noted that people had not signed their care plans to confirm that they had agreed to the contents of the care plan. We spoke with the provider about this and they agreed to implement a simple process to ensure that where possible people would sign their care plan. People we spoke with consistently told us that they were aware of their care plans they were reflective of their needs.
- Records showed staff had received training in the principles of person-centred care.
- People told us the registered provider provided them with consistent staff who know them well.
- The registered manager told us where appropriate they involve relatives in the care planning process. They also told us recently they had involved a district nurse to gain accurate information about a person's health needs.
- Staff told us they were given sufficient time to read care plans and understand people's personal preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us they were able to provide information to people in a variety of ways such as large print and audio.
- One person told us they were registered blind and had been provided with their care plan on an audio compact disc. They told us, "They do a meet and greet, someone comes out from the office to meet you and talk things through. I got a CD from them, so I can understand what has been written about my care."

Improving care quality in response to complaints or concerns

- People knew how to complain if they were not happy with the care they were receiving. Records confirmed people received a service user guide with clear information about how to complain.
- Records showed the provider had received three formal complaints during the last 12 months. All complaints were responded to within the timescales stipulated in their complaints policy. We found the

responses to complaints were comprehensive and detailed.

- People confirmed they knew how to complain and were confident to do so. One person told us, "If I complain about anything they put it right straight away, I wish I'd gone to them years ago."

End of life care and support

- At the point of inspection no one using the service was at the end of their life.
- Staff we spoke with understood the principles of good end of life care. The provider told us they could access end of life training for staff.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good.

This meant 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 with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff consistently told us the provider and the management team were open and approachable. One staff member said, "Of all the management teams I have ever worked with they are the most approachable." Another said, "I'd place this organisation at the top of all of the organisations I have worked for. They can be underappreciated for what they do, they act as friends and help staff whenever they can."
- The registered manager and provider clearly understood their regulatory responsibilities and consistently ensured that they notified us about events that they are required to by law.
- Our previous inspection ratings were clearly displayed in the office location and on the providers own website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes were in place to ensure oversight and scrutiny of the service and to ensure regulatory requirements were met. Records showed the registered manager had developed a system to check peoples care delivery was meeting regulatory requirements.
- Daily care was recorded in a booklet which included medicines administration records, visit records, fluid intake, nutritional information and people's weight. The registered manager used a question-based system to check each person's care records on a monthly basis. Where shortfalls were identified this would be raised with staff individually or in a team meeting.
- The provider showed us an action plan which included actions from audits and from feedback from people using the service. The plan was clear and included timescales for improvements to be made.
- The provider had developed a system to ensure people using the service were contacted after six weeks of using the service to get feedback about the quality of care being delivered. The registered manager also told us about random spot checking where they make calls to people using the service to get feedback.
- The provider had recently received a quality accreditation from a nationally recognised quality management system.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Records showed the registered manager and provider regularly engaged with the staff team and held

meetings to share important information and discuss issues relating to care and support.

- Staff told us they were listened to by the provider. One staff member said, "They really encourage me to give my ideas and views. They are really good like that."
- Staff we spoke with consistently described morale within the team as good.
- The provider had developed a 'carer of the month award' to encourage and motivate the staff team and make them feel valued and appreciated.
- The provider had actively sought to engage with the local community. We were shown photographic evidence of social occasions which were set up by the provider for people using the service. Some of the photos we saw were of a Christmas party held at the local church hall. The party coincided with a person's birthday, so the provider had purchased a cake for them.

The provider told us they provided transport for people who lived in hard to reach areas.

Other photographs we saw included one person being supported to go sailing at a local reservoir.

- Records showed good working relationships had been developed with a wide range of health and social care professionals. We also noted that local connections had been made with the local church. The provider described how this relationship had enabled them to hold social events for people using the service and other people in the local community.