

Lillyfields Care Ltd

Lillyfields Care

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

Lillyfields Care is a domiciliary care service, it was providing personal care to 16 people at the time of the inspection. The service provides care to younger and older adults who may have a physical disability, sensory impairment, mental health diagnosis or be living with dementia.

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

People spoke of the positive attitude of staff towards them, of their dedication to their work and how much they felt valued by staff. They were enthusiastic about the personality of staff who supported them, and told us staff really cared about them and wanted to do a good job. They told us, "I would describe the carers as intelligent, kind people who are good at caring." People were very happy with the organisation, its management team and their office staff.

The provider had systems, practices and processes in place which were understood and used by staff to keep people safe from either harm or abuse. The provider operated safe recruitment processes and ensured there were sufficient staff to keep people safe and to meet their needs. People received their medicines safely and the provider was in the process of introducing a new electronic medicines records system. People were protected from the risk of infection. Processes were in place to encourage the reporting of any incidents which were then investigated and any identified learning was applied.

People's needs and choices were assessed and the delivery of their care reflected best practice and human rights principles. The provider ensured staff had the right skills and knowledge to enable them to deliver people's care effectively. Staff supported people to ensure they had enough to eat and drink across the course of the day. Staff worked both together and across services to ensure people's healthcare needs were met.

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 spoke of the positive attitude of staff towards them and how they felt valued by staff. People were supported to express their views about their care and to be involved in decision making. Staff respected and promoted people's rights to privacy and dignity.

People received personalised care which was responsive to their needs. Staff supported people to access the community and activities where this care was commissioned. Staff had the required skills to support

people at the end of their lives.

The provider who was also the registered manager, promoted a positive culture which was person centred and focused on achieving good outcomes for people. The governance framework ensured staff's responsibilities were clear and risks and requirements were understood and met. Processes were in place to seek the views of people and staff about the service and to drive improvements. The service worked with external stakeholders to support the provision of people's care.

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

Rating at last inspection

This service was registered with us on 19 August 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

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?

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 ●

Lillyfields Care

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 completed by an 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. 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 short notice of the inspection. This was because it is a small service and we needed to be sure that the provider who is also the registered manager would be in the office to support the inspection. Inspection activity started on 7 March 2022 and ended on 11 March 2022. We visited the office location on 7 March 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

At the site visit we spoke with the registered manager who was also the provider, the care support manager

for the location, the care co-ordinator, the business development manager, the area manager and the human resources manager.

We reviewed a range of records. These included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision.

After the inspection

We spoke with seven people and two relatives about their experiences of the care provided. We spoke with four care staff and received feedback on the service from a further two care staff. We received written feedback on the service from a professional involved with the service.

We continued to seek clarification from the provider to validate evidence found. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People all reported they felt safe in staff's care and spoke of the positive attitude of staff towards them. One person said, "I do feel safe with my carers. Their demeanour, attitude and willingness to help me is lovely."
- The provider had relevant policies and annual staff training in place to ensure people were protected from all types of abuse, including discrimination. The provider's policies and documentation reflected how people's rights related to their protected characteristics as defined by the Equality Act 2010 were to be safeguarded. The client guide set out the provider's aim to protect people from the risk of abuse. Processes were in place to ensure people's finances and property were safe.
- Staff understood their role and responsibilities in relation to safeguarding and knew what action to take, if they had concerns about people's safety. Two staff told us how they had used their training and knowledge, to take the required actions when they had identified people were at risk of harm.
- The registered manager and senior staff encouraged a culture of speaking out about any concerns. A member of staff said, "I would go direct to [name of care support manager] and if I felt for any reason I couldn't go to her I would go to the area manager or the registered manager."

Assessing risk, safety monitoring and management

- The provider had a proactive approach to anticipating and managing risks to people. Staff used the provider's comprehensive, person centred risk assessment with people to identify and assess potential risks associated with either the delivery of their care or their environment. Measures were in place to manage identified risks safely.
- People gave us examples of how staff kept them safe whilst enabling them to exercise as much choice and control as possible. One person said, "They help me get up and transfer from bed to the shower chair with a transfer board. I can pretty much do it by myself, but they are there to assist me."
- Staff had undertaken relevant training to manage risks to people, including moving and handling, health and safety and first aid awareness. The provider ensured spot checks were completed on staff's safety practices, including moving and handling. Staff had safety guidance, for example, where people were hoisted, this included information about which loops to use on their sling. The provider kept records of when people's equipment in their homes had been serviced and maintained. Staff supported people to access relevant external agencies to manage identified risks in their environment, such as from fire.

Staffing and recruitment

- There were sufficient competent staff to provide people's care. There were field based senior staff to support the care staff in their role and an on call system. Staff used the provider's electronic care planning system to plan the timing and delivery of people's care calls.

- People told us the length of their calls was sufficient to provide their care and calls were of the time booked. A person said, "Carers always stay for the right amount of time. They think ahead about what needs to be done and before I've asked, they've already done it." A person's relative said, "We have them for an hour every morning and they shower [person's name] and help to dress her and this takes a long time, because they [staff] do it carefully." People told us they were informed if a carer had been delayed.
- The provider had an ongoing recruitment programme and the human resources manager had undertaken a variety of roles within the service. This had given them a good understanding of the attributes and requirements of each role, which helped them to ensure the right staff were recruited. They also supported new recruits, to ensure they settled within their new team.
- The provider ensured relevant pre-employment checks were completed prior to staff commencing work, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. When an applicant had a gap in their employment record, the reason for this had been explored at interview. We noted one staff file reviewed, required some additional information about a period of their employment. This was brought to the attention of the registered manager who following the site visit provided this evidence.

Using medicines safely

- Most people told us they managed their own medication, as per their choice. All staff completed medicines training, had access to the provider's medicines guidance and had their medicines competency regularly checked during spot checks of their practice. Staff understood the need to space people's care calls to ensure they received their medicines at the correct times.
- People's medicines and the instructions for their administration were documented on their medicines schedule. Staff then completed and signed a medicine administration record to document the person's medicines had been administered. People's creams and the instructions for their application were detailed on a separate creams schedule and staff were then required to document in people's daily records that the cream had been applied in accordance with the schedule. We saw staff did not always fully complete this record, sometimes they just noted, 'creams' applied. There was evidence this has been identified during recent medicines audits and addressed with staff. The provider told us this issue would be addressed with the introduction of an electronic medicines system at the start of April 2022. People received their medicines safely and the provider was introducing a new medicines records system, which will make it simpler for staff to document medicines administration.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of their office.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had a lessons learned policy, to encourage openness and transparency about safety. A staff member said, "We have an open culture of learning, no one is penalised. We have forms staff can use to raise any issues." Incidents were documented and investigated, to identify any required actions. The cause of a recent medicines error had been investigated and relevant action taken to minimise the risk of repetition.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 care and support was planned with them and delivered in accordance with legislation and best practice guidance. For example, the provider's diabetes policy reflected best practice guidance and was clear about staff's role and responsibilities. The registered manager kept their knowledge up to date through attendance at local forums and ensured information and developments were shared with staff.
- Staff applied their learning effectively and in line with good practice guidance. A relative told us, "Recently, [name of person] had to spend some time in hospital and it was the carers who noticed that she was really unwell and called for an ambulance. They did that really well and very professionally." Another person said, "It's the air of confidence they [staff] have when they do the job."
- People's physical, social and mental health needs were comprehensively assessed and their care plan reflected how their needs were to be met. Staff sought information about people's sensory needs, communication needs, ethnicity, language and religion.
- The human rights FREDAs principles of freedom, respect, equality, dignity and autonomy were reflected in the providers policies and processes and practised by staff in their work with people. This ensured people experienced a good quality of life. A relative said, "[Name of person] cannot speak very well, but the carers have a kind way of communicating with her that puts her at her ease and enables them to do personal things for her well."

Staff support: induction, training, skills and experience

- Staff received a role specific induction. For example the care support manager had just completed their induction, which was based on the Skills for Care, manager induction standards. Care staff had a three day induction to their role and shadowed more experienced staff. Their work was overseen throughout their 12 week probationary period. Staff new to social care completed the requirements of The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff underwent regular refresher training.
- People said they were confident staff were well trained and did their work well. A person commented, "They [staff] just know what to do and get on with it. Couldn't fault them, really."
- Staff received regular supervisions, spot checks of their work and competency and an annual appraisal of their work. A staff member confirmed, they felt, "well supervised and supported." Staff were encouraged and supported with their professional development in adult social care. Senior staff had all completed or were working towards professional qualifications in social care, relevant to their role.

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

- Staff told us how they supported people to have access to food and drinks of their choice throughout the day. Staff said, "All the information is in the care plan" and "Sometimes people with dementia cannot recall what they have had to eat or drink. I ensure they have had a meal and a drink. I make suggestions to them and show them a selection of what they have."
- People confirmed staff ensured they had access to food and drink. A person said, "The carer who visits in the morning makes my breakfast. I also have a special kettle and carers fill it up for me before they leave so I can make tea and coffee in-between calls."
- Processes were in place to monitor any potential risks to people from weight loss or dehydration. The area manager told us how if a person was not eating or drinking well, staff would complete food and fluid records to monitor their intake. They would also speak with the person's GP about their weight or how much fluid they needed.

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

- Staff worked collaboratively both within the service and across systems to understand people's needs. When people had been referred for a package of care by the local authority, staff obtained a copy of their assessment. The care support manager told us how they worked with other agencies such as mental health services, to understand and meet people's needs. A staff member said, "I ask the GP and nurses any questions." Staff knew which services they could make direct referrals to for people, to ensure their needs were met.
- Staff supported people to maintain their health, for example, by supporting them with their physiotherapy exercises where required.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were involved in decisions about their care. Staff had received MCA training and had access to relevant guidance in the event a person lacked the capacity to make a specific decision about their care. Staff understood the principle of supporting people to make decisions for themselves wherever possible. Staff consulted with people's attorney where they had a registered lasting power of attorney in place and they lacked the capacity to make a specific decision.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- All people spoken with told us staff treated them with kindness and compassion, they felt valued by staff. A person said, "My carers are really lovely. They do a good job and are really kind." Another person said, "I live on my own and I get very lonely. COVID-19 restrictions have made this much worse and I find the carers so chatty and friendly, it has really made a huge difference to me."
- People felt they mattered and that staff spoke to them appropriately. A relative told us, "[Name of person] seems relaxed in the care of the care workers because they are kind and caring with her. It's the way they speak to her that makes the difference." One staff member said, "We form strong bonds with people."
- People spoke of the positive attitude of staff towards them and how they looked after them and were observant when people looked in pain or were distressed. A person said, "Their [staff's] demeanour, attitude and willingness to help me is lovely. They seem to have empathy; if I'm in pain when I answer the door to them, they just know and talk to me about it."
- The provider understood and promoted compassion, empathy and respect within the staff team. A staff member said, "We have been through such a bad time but they [the registered manager] helps me." We saw from written feedback the provider had received, people and their relatives felt very positive about the care they received from staff.

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

- People's care records showed they and their representatives had been involved in planning their care. People confirmed they had been part of the decision-making process about what care they needed and all said that they received the right level of support. A person commented, "I would say my carers communicate well and will do anything I ask them to do."
- People had as much choice and control over their care as possible. A person told us, "I was asked if I preferred a male or female carer, and I asked for a female. This has been adhered to." Another person said, "Carers usually microwave a ready meal for me. I choose it and they heat it up for me."
- The provider's communications policy for people with a sensory impairment or language barrier, highlighted how their needs in this area would be assessed and staff supported, to ensure their needs were met. A staff member said, "You have to know how people like to interact and changing your approach depending on what they like."
- People were provided with a range of information about the service and their rights in the client handbook. This included information about how to access advocacy services where required. This enabled them to make informed decisions about their care. They were also provided with details of advocacy services.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of upholding people's privacy and dignity during the provision of their care. People told us they were treated with dignity and respect at all times. A relative said, "[Name of person] has a lot of personal care. The carers do it very well and they do treat her with dignity. They talk to her while they work and this puts her at her ease."
- Staff had sufficient time and knowledge to provide people's care. A relative said, "Care workers take their time to carry out the tasks for [name of person] and do manage to do it in the time allowed for the job. They are very good." Another person said, "If a carer finishes their tasks a bit early, they always ask if there is anything else they can do for me. They offer to make me a cup of tea. They are very kind and helpful."
- Staff encouraged people to maintain their independence. A staff member told us how they cared for a person who struggled with their shirt buttons. They said, "I let him start and then assist when he says he wants help. I let him try to do it first."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, and their representatives where they wanted their support, were involved in planning their care, which reflected their needs and preferences. People's care plans reflected their personal history, skills and abilities. One person had clear preferences about some aspects of their care, which records showed staff understood and followed. Another person said, "I get showered myself and then get dressed by myself, but I feel reassured to have them [staff] there with me."
- People's care was reviewed, depending on their changing needs. A person said, "I was part of the meeting that decided what care I needed and we review it when it needs to be reviewed, because sometimes my health changes and that results in the need for more care at times."
- Staff learnt about the principles of care and the provision of person centred care during their induction. They told us they also read people's care plans and spoke with them about their care. A staff member said, "You have to understand the needs of people with dementia. Talking to them supports them with their memory." Another staff member confirmed, "You read the care plan and get to know people. I say to people I have read the care plan and ask people what they like and how."
- Staff told us how they ensured people's care was planned to take into account their need to have their calls sufficiently spaced to ensure sufficient time elapsed between their medications. The care support manager told us how they were working closely with a person with mental health needs, to encourage and support them to accept support with their personal care. Staff were responsive to people's individual needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood their legal responsibilities and identified and recorded the information and communication needs of people with a disability or sensory loss. They were able to provide information for people if required in alternative formats such as large print, braille and audio.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans documented their previous occupation, hobbies and interests. They also noted people's social networks and contacts. Staff supported people to carry out activities outside their home

where this care was commissioned. Staff took people out into the community to do activities of their choosing. Staff also provided respite care for people's carers where required, which benefited both parties. A relative said, "I can go out on my own for a few hours while the carers take [name of person] out for a walk. They go to the local shops for a cup of tea. She likes their company and I like to get out on my own."

Improving care quality in response to complaints or concerns

- People knew how to give feedback on their care and raise any issues. They were provided with details of the provider's complaints process in the client guide and how these would be investigated and by when. People told us if they had an issue, they would ring the office, discuss the problem and it would be put right very quickly.
- Staff understood their role and responsibilities if a person made a complaint to them. Records showed any complaints received, had been recorded, investigated and the outcome provided.

End of life care and support

- The provider had a process and policy in place which set out their values, principles and practice which underpinned their approach to end of life care in co-ordination with the person's choices and wishes. The registered manager understood and respected the wishes of people from different cultures at the end of their lives. Staff had received relevant training and felt well supported to provide this care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People said they were very happy with the organisation, its management team and the office staff, whom they found to be helpful and efficient.
- The provider had a clear vision and strategy within their client guide and statement of purpose. It aimed to promote a positive, empowering and inclusive culture for people. A person said, "I would say that the organisation really cares about the people it supports." Another person said, "I think my carers do try really hard to meet my needs and the empathy they show me makes me feel supported." Staff also enjoyed their role. A staff member told us, "I like meeting and supporting people. They have lovely personal stories."
- The provider was committed to providing an inclusive working environment with equality of opportunity and had employed staff with disabilities. A member of staff told us, to accommodate their needs, the registered manager ensured their training was clear and unrushed so they understood it. Staff were actively encouraged to develop themselves and opportunities for career progression were provided across the provider's locations and within a variety of roles. The care support manager for the location had recently been promoted from one of the provider's other locations. The human resources manager and area manager had also been internally promoted.
- There was visible and capable leadership at all levels within the service. A person said, "This organisation recruits the right staff who are thoughtful and reassuring and just know what to do."

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

- The provider understood their legal duties in relation to the duty of candour. Their duty of candour policy and procedure set out what should be reported and how and the purpose and process for sharing information about incidents with relevant people.

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

- The registered manager was also the provider. They were based at the location, which was also the head office for their three locations. There was a care support manager who had responsibility for the day to day running of the service and they were supported in their role by the registered manager and the head office team. The registered manager was very experienced and understood and ensured legal requirements were met.
- There was a clear governance system in place, which ensured staff in all roles understood their

responsibilities and accountability. A member of staff said, "We have high standards." Staff were well supported in their role. A staff member said, "We are very lucky to have our manager. She is always there to help with any concerns and is very fair to all staff." Staff had access to relevant policies and procedures which were regularly updated.

- Processes were in place to ensure people's data was secure and managed safely.

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

- People's views on the service were sought in various ways, at their reviews and through the completion of feedback forms on the service received. The feedback forms provided very positive feedback on the service. People had expressed their gratitude for a range of aspects of the service, including staff's support with issues, their flexibility with additional calls and the care provided.
- Staff were encouraged to raise any issues directly, with an 'open door' policy and could share their ideas at staff meetings, supervisions, spot checks and appraisals. Policies and processes were in place to ensure staff were supported to raise any concerns and to ensure they understood how to whistle blow if required.
- There were good links with the local community. Staff supported people to attend local groups of their choosing and had been involved locally with fund raising for dementia care. Staff were also linking in with job fair promoters, to support staff recruitment locally.

Continuous learning and improving care

- The provider had processes in place to audit and monitor different aspects of the service in accordance with their quality assurance policy. Staff completed an annual location audit and a monthly audit of people's care notes, to audit their care call times, medicine administration records and care delivery. There was evidence when issues were identified, actions had been taken to make improvements. As guidance about working from home had changed, the provider was working with the care support managers at each location, to identify any issues and support required for their staff team, to enable the transition in working patterns from the pandemic.
- Processes were in place to enable information from incidents to be reflected upon, learnt from and used to identify any areas for improvement. For example, following a recent medicine incident, the incident was reflected upon both with the staff member and a reminder was sent to the wider staff team.
- The provider had the resources to support staff development. For example, the location had a fully equipped training room which was used to enable staff to receive practical training in areas such as moving and handling.

Working in partnership with others

- The service worked with external stakeholders to support the provision of people's care. The service engaged external agencies as required to ensure people's needs were met. Professional feedback on the service included that they worked collaboratively.