

The Lilacs Residential Home

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Inspection report

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Essex
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14 February 2017

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

The Lilacs Residential home provides care and accommodation for up to 17 older people who may be living with dementia. This inspection took place on 13 and 14 February 2017 and was unannounced. The inspection team consisted of one inspector on both days.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The service was not safe. The service's recruitment process ensured that appropriate checks were carried out before staff commenced employment. However it was noted that the service needed to review the staff records on regular a basis, as we found folders that contained information that no longer up to date. There were sufficient staff on duty to meet the needs of people and keep them safe from potential harm or abuse. People's health and wellbeing needs were assessed and reviewed to minimise risk to people's health. Medication was well managed and people received they medication in a timely manner.

The service was effective. People were cared for and supported by staff who had received appropriate training to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to healthcare professionals were made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and when there was a change in care needs. People were supported to follow their interests and participate in social activities. The service responded to complaints received in a timely manner.

The service was well-led. Staff, people and their relatives spoke very highly of the registered manager and the provider who they informed us to be supportive and worked hard to provide an exceptional service. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis. The registered manager acknowledged that some of the systems and processes needed to be improved; notable with staff's personal folders and some of the documentation was no longer up to date.

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 not Safe.

The service had not carried out robust auditing on staff's employment folders.

Requires Improvement ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection, which means we looked at all the fundamental standards of care.

The inspection took place on 13 and 14 February 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service including previous inspection reports and notifications. We also reviewed safeguarding alerts and monitoring information had received from the local authority. Notifications are important events that the service has to let the Care Quality Commission know about by law.

As part of the inspection we spoke with three people who used the service, three relatives, two members of care staff. We also spoke with the registered manager, deputy manager and the provider.

Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how they were cared for by staff. We therefore used observations, speaking with staff and relatives, reviewing care records and other information to help us assess how people's care needs were being met.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

As part of this inspection we reviewed five people's care records. We looked at the recruitment and support records for six members of staff. We reviewed other records such as medicines management, complaints and compliments information, quality monitoring and audit information and maintenance records.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse and harm and risks to people's safety as at the previous inspection the service was rated Good in Safe, however at this inspection the service has been rated Requires Improvement as the service had not carried out robust auditing on staff's employment folders since our last inspection.

The registered manager informed us that in the last twelve months they had reviewed the services recruitment process and implemented a recruitment checklist to ensure all staff responsible or involved with recruitment made sure that all new staff had the necessary documentation in place before commencing employment. The service made sure they recruited staff of good character and ensured all staff completed enhanced disclosure and barring checks (DBS). However our findings showed that for staff who had worked in the service for a number of years some of their information and documentation had not been updated. For example, in one staff folder we found an expired visa document and in another we found false visa documentation. This was discussed with the registered manager and reported to the appropriate external agencies. Immediately after our inspection the registered manager informed us that up to date documentation had been obtained for one member of staff and the other had now stopped working for the service and they had reported this to the UK visa border agency.

People living in the service told us they felt safe. One person informed us, "It's a great pleasure to be surrounded by staff who just want to make sure you are safe." A relative informed us, "My relative has been in other bigger services and I honestly couldn't have asked for a better place." Another relative added, "Staff always put the safety of my relative and that of the others using the service first?." Staff we spoke with knew how to recognise the signs of possible abuse and how and who to report it to. Staff felt reassured that the management team would act appropriately in the event of any concerns. Records showed that, where issues or concerns had been reported these had been addressed appropriately.

Clear information was available to people on how to report any concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. Information was also available to people and relatives should they wish to raise concerns externally.

Support plans and risk assessments had been recently reviewed in order to document current knowledge of the person, current risks and practical approaches to keep people safe when they made choices involving risk. There were robust systems in place to reduce the risk of people being harmed. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence.

There were sufficient staff on duty to meet people's assessed needs and when people accessed the community additional staff were deployed. The registered manager informed us that staffing levels at the service were based on people's individual needs. This was confirmed by our observations of the care people received and the records reviewed.

People received their medications as prescribed. We observed part of a medication round. This was done efficiently and in a timely manner. Staff checked medication administration records before they dispensed the medication and they spoke with people about their medication. The registered manager told us that they observed staff practice regularly when administering medication and kept regular audits to ensure safe practice was being completed. The registered manager also informed that the service was in the process of changing pharmacy as the new proposed pharmacy had more descriptive Medication Administration Records [MAR] charts and prescribed medication was clearly packaged and also recorded individually on the MAR forms.

Is the service effective?

Our findings

At this inspection we found staff had the same level of skills, experience and support to enable them to effectively meet people's needs as we found at the previous inspection. People continued to have freedom of choice and were supported, where appropriate, with their health and dietary needs. The rating continues to be Good.

People told us they found staff to have a good knowledge and skill level on how to best meet their needs. One relative informed us, "The knowledge of staff in the service has been a breath of fresh air. When my relative first moved in I was worried about staff being able to support them, but soon the worry ended as staff were able to give me a detailed account of my relative's day every time I visited. Everything I could hear from staff sounded just like my relative".

Staff told us they had attended training when they first started work. Staff also attended refresher training courses as and when required and this was regularly monitored by the management team to ensure all staff kept up to date with their training so that they understood their role and could care for people safely. Records reviewed confirmed this. Staff were also encouraged to do additional training to continually develop their skills. Staff informed us they also received regular supervision and this gave them the opportunity to sit down with the registered manager to discuss any issues they may have on a one to one basis.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 [MCA]. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered and if the person was unable to make an informed decision staff would then make a decision within the person's best interests, taking into account the person's past and present wishes and feelings.

People said they had enough food and drink and were always given choice about what they liked to eat. Throughout the day, we observed people being offered food and drink. The service had several jugs of juice placed around the service and these were regularly replenished. All staff were encouraging and supported people to make themselves a drink. People had their specialist dietary needs met, for example, the service were able to cater for people who required a soft food diet. Staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten.

People's healthcare needs were well managed. We noted that people were supported to attend doctor's

and other healthcare appointments. When required, the service liaised with people's GP and community nurses to ensure all their healthcare needs were being met. In addition, people were supported to obtain dental care and vision tests as and when required.

Is the service caring?

Our findings

At this inspection we found people were as happy living at the service as they had been during our previous inspection. The rating continues to be Good.

Staff interacted with people in a respectful manner. Our observations on both days of the inspection showed that staff were kind, caring and supported people in a compassionate manner. Staff provided a caring and supportive environment for people who lived at the service. Relatives we spoke to made comments such as, "The care here is fantastic", "I have peace of mind when I leave after every visit" and "My loved one is surrounded by loving and caring staff".

People and their relatives were actively involved in making decisions about their care and support. Relatives confirmed they had been involved in their relative's care planning and would attend care plan reviews. The registered manager informed us that the service regularly reviewed people's support plans with each individual, their family and healthcare professionals where possible and changes were made if required. During the inspection we observed the registered manager discussing people's care and wellbeing with visiting relatives and then updating people's care plans to ensure that information that had been discussed with relatives was recorded and could be used and referenced at a later date. On reviewing people's care and support plans we found them to be detailed and covered people's preferences of care. We also found that the registered manager was actively requesting for people to be reassessed by healthcare professionals when the service noticed a change in people's needs.

The service used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs. This ensured that people's diverse needs were being met and respected. Staff respected people's privacy by only accessing their rooms after consulting with people and seeking their permission.

People's independence was promoted by a staff team that knew them well. Staff informed us that people's wellbeing and dignity was very important to them and ensuring that people were well presented was an important part of their supporting role. People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home to their family and into the community.

People were supported and encouraged to access advocacy services. Advocates attended people's review meetings if the person wanted them to. Advocates were mostly involved in decisions about changes to care provision. During the inspection the registered manager informed they had referred one person to the advocacy service as they had expressed a wish to live independently in the community. The person and the organisation were currently waiting for input from Social services.

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People's care and support needs were well understood by staff working in the service. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff. The service encouraged people to have choice and control in relation to their individual preferences.

The management team met with other healthcare professionals to plan and discuss people's transfer to the service and how the service would be able to meet their needs. People and their relatives were encouraged to spend time at the service before moving in. This allowed them to see if it was suitable and if they would like to live there. People's needs were discussed with them and a support plan was then put in place before they came to live at the service. Staff had carried out comprehensive assessments of people's needs before they were admitted to the service. The registered manager and staff used the information they gathered to plan people's care and support needs. Support plans were reviewed and changed as staff learnt more about each person's change in needs. For example, when a person's mobility reduced the care plan was changed to reflect how the person's needs would be best met given the change in circumstances.

Each person had a support plan in place. These were person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed and in the way the person preferred. People's strengths and levels of independence were identified and appropriate social activities planned for people. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with professionals and family at reviews.

The service also encouraged people to access activities in the community. The registered manager advised that staff encouraged and supported people to develop and sustain their aspirations. The registered manager informed us, "When its warm staff assist people into the garden and for those who wish to go out, staff take them for a stroll down the seafront which is only a stone throw away from the home."

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the registered manager or person in charge, to address the issue. The registered manager gave an example of a complaint they had received and demonstrated how they had followed the required policies and procedures to resolve the matter. Complaints we reviewed confirmed this.

Is the service well-led?

Our findings

At this inspection we found the service was as well-led as we had found it during the previous inspection. The rating continues to be Good.

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. The registered manager was visible within the service and informed us when they were absent and during these times senior staff and the provider covered their role and responsibilities. They kept each other informed and updated of all the activities within the service. The registered manager and all the staff had a very good knowledge of all the people living in the service and their relatives.

People benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist people to maintain their independence and also showed that people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use which staff used to communicate important information to others. This enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs so as to keep them safe and deliver good care.

The registered manager told us that their aim was to support both the person and their family to ensure they felt at home and were happy living at the service. The registered manager informed us that they held meetings with relatives and the people using the service as this gave the service an opportunity to identify areas of improvement and also gave relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that they were involved in the continual improvement of the service. For example, a relative informed of being regularly consulted in regards to activities being provided by the service and also meal choices.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, falls, infection control and call bells. The registered manager carried out a monthly manager's audit where they checked care plans, social activities and the general management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit.

Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe and secure.