

Country Retirement & Nursing Homes Ltd Lilac Lodge & Lavender Cottage

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Lilac Lodge and Lavender Cottage is a care home providing care and support to a maximum of 35 older people. At the time of our visit there were 29 people using the service.

The inspection was unannounced and took place on 2 February 2016.

The service had in place a manager who had applied to be registered. 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 leadership of the service had been working on an extensive improvement plan to improve the service. This was a work in progress but people, relatives, visitors and staff were positive about the changes being made and were contributing through sharing ideas and discussion.

People and their relatives told us they felt the service was safe. Improvements were required to ensure that clear plans were in place that reflected how staff could reduce the risk of people coming to harm. Staff, the registered manager and senior leadership team understood their role in keeping people safe.

People told us and our observations confirmed that there were not consistently enough staff to meet people's physical and social needs.

We observed that staff were competent in providing safe and effective care to people. Staff told us they received the training they needed to carry out their role effectively, and that they were supported to do their job. Improvements were required to implement a system to monitor the competency and practice of staff.

There was a robust recruitment procedure in place to ensure that prospective staff members had the skills, qualifications and background to support people.

Medicines were stored and administered safely. There was a system in place capable of identifying errors.

The service had made the appropriate Deprivation of Liberty Safeguards (DoLS) referrals for people using the service and was complying with the principles of the Mental Capacity Act 2005 (MCA).

People were supported to remain independent. We have made a recommendation around how people's care records can be personalised and around ensuring that people are consistently supported by staff to engage in meaningful activity.

We observed, and people told us, that the staff were caring, kind and treated them with respect.

Improvements were required to ensure people and their representatives (where appropriate) were involved in the planning of their care. Improvements were also required to ensure that people's views were reflected in their care records and that these records were personalised to them as an individual.

We observed that people were supported to eat and drink sufficient amounts. Improvements were required to ensure that care records were clear about what preventative action had been taken when a risk of malnutrition or dehydration was identified.

There was a robust quality assurance system in place which we saw was capable of identifying shortfalls in the service so these could be addressed.

There was a complaints procedure in place and people knew how to complain if they were unhappy. People and their representatives were supported to feed back their views on the service and these were acted on by the manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

There were not enough staff to meet people's physical, social and emotional needs.

Improvements were required to ensure that care planning clearly reflected people's needs in sufficient detail to enable staff to provide them with appropriate care.

Robust recruitment procedures were in place.

People's medicines were managed, stored and administered safely.

Staff knew how to recognise abuse and understood the safeguarding process in place at the service.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Staff received the training and support they required to carry out their role effectively.

Improvements were required to implement a robust system to monitor the competency and practice of staff.

People had access to a choice of nutritious food and drink which met their needs.

Consent was obtained appropriately. The service was complying with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good 

The service was caring.

People told us the staff were caring and showed them kindness and understanding.

Staff demonstrated to us that they knew people well and understood their needs.

Is the service responsive?

The service was not consistently responsive.

Improvements are required to ensure that care records set out people's needs in sufficient detail for staff to provide them with individualised care that met their needs.

Improvements are also required to further personalise people's care records to ensure that their views about their care are clearly reflected.

Improvements are required to ensure that people are consistently supported to engage in meaningful activity and stimulation.

People told us they knew how to make complaints about the service and would feel comfortable doing so.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

A robust quality assurance system capable of identifying shortfalls had been recently implemented. However, further work was required to embed this and to make the improvements identified by this system.

The provider promoted a culture of openness and transparency within the staff team.

Requires Improvement ●

Lilac Lodge & Lavender Cottage

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 was planned to check 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 inspection took place on 2 February 2016 and was unannounced. The inspection was undertaken by two inspectors and a specialist advisor who had knowledge and experience of moving and handling procedures.

Before the inspection we examined previous inspection records and notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We spoke with five people who used the service, two relatives, three members of care staff, the manager, the director of quality and the regional operations director. We looked at the care records for 12 people, including their care plans and risk assessments. We looked at five staff recruitment files, medicine records, minutes of meetings and documents relating to the quality monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe living in the service. They were positive about the care they received and that it was provided safely. A relative commented, "Very safe place."

The current staff group could demonstrate that they knew about and were able to care for people's needs. However, the quality of information in care records was not consistent or always an accurate reflection of the persons care needs. At the time of inspection the service was recruiting new members of care staff as part of an ongoing recruitment plan. There was a risk that new staff members would not have the information they required to deliver people safe and appropriate care. There were assessments in place for each person using the service which set out the risks to them as an individual. However, there were no measures in place to reduce risk and ensure staff could access the information they need quickly. For example, where people were identified as at risk of pressure ulcers, there was not always an accompanying care plan setting out what preventative steps staff were expected to take to support the person with their skin integrity. Some care plans contained conflicting information. For example, one care plan stated the person required the support of one carer to mobilise. In another document it stated they required the support of two to safely mobilise. Conflicting information could cause confusion for staff and lead to mistakes which could put people's health, safety and welfare at risk.

We observed that some equipment such as frames to support people to mobilise independently needed maintenance to ensure they remained safe for use. The non-slip rubber feet (ferrules) on some zimmer frames were worn which meant the frames could slip when in use. These required replacement to ensure that the risks of people falling were minimised as far as possible.

Shortfalls in staff practice meant that the spread of infection may not be minimised as far as possible. We observed staff taking a basket of soiled clothing into other people's bedrooms, or leaving the basket on the floor in hallways. Soiled gloves and tissue were left unattended in another hallway for some time. This was discussed with the management who told us that they considered this poor practice and would address it formally with the staff member. We observed that some equipment in the service such as baths, toilets, wheelchairs and hoist slings required cleaning. For example, we saw one bath contaminated with dirt and debris and a toilet contaminated with faeces. We saw that two hoist slings were stained and soiled. These issues were raised with the manager and regional operations director during the inspection who said the cleaning staff had already been that morning and that these areas should have been clean. We were assured that prompt action would be taken to address these issues and control the potential spread of infection.

This was a breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a formal system in place to monitor accidents and incidents for trends. We saw that action was taken where appropriate to protect people. For example, one person had been falling regularly so the support of external healthcare professionals was sought and new equipment was purchased which had reduced the risk of the person falling. This meant that the management had a system in place capable of

minimising the risks of repeat incidents.

People told us there were enough staff to meet their needs. One person said, "There is no waiting, everything is ready for you, they are very prompt. They seem very efficient." Another person commented, "There is enough." Whilst people's basic physical needs were met by staff, there was little time for staff to focus on people's social and emotional needs. Much of the interaction with people was attached to a task, such as supporting with personal care. Staff were deployed in two separate buildings, separated by a road. Seven people lived in the smaller building with two staff providing support and care and 21 people in the larger building were supported by five staff. We were told that if staff in the smaller building required more staff, they would have to telephone the other building who would send over an additional member of staff. However, this meant that staff were taken away from providing care to the people in the larger unit. A staff member told us that they were not always able to get in touch with the staff in the main building to request support when it was needed and this meant they could not always fulfil people's request or need for support at the time they needed it. The seven people in the smaller building were unable to verbally communicate their views to us about the staffing level. These people had a higher level of physical and emotional need. Some needed the support of two carers to mobilise and required extra support from staff to ensure they did not become socially isolated. We observed that these people were left for extended periods of time with no staff present or any way to call for staff support. During this time staff members were busy supporting other people and could not be available. Staff raised concerns with us about the staffing level in this building. One said that on occasions one staff member was present in the building whilst other staff helped out in the main building. This was corroborated by another member of staff who also told us 'the staff are tired. Morale is low'. Another staff member told us there had been an issue with staffing and that this meant they couldn't meet people's physical nor emotional needs. They gave an example, explaining that sometimes they were unable to support people to get out of bed in the morning. There was no formal system in place to assess and monitor the effectiveness of the staffing level and this meant that these issues had not been identified. We discussed staffing with the leadership team who said that the staffing level was based on the number of people using the service and was not calculated based on their dependency level. However, they told us that they were in the process of implementing a dependency tool to assess the effectiveness of the staffing level in future. They agreed that the staffing level required review and told us that they would action this.

This was a breach of Regulation 18: Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were able to demonstrate to us that they could recognise potential abuse and that they understood the safeguarding policies and procedures in place at the service. Staff told us they felt they would be able to raise these concerns with either the manager of the service or senior managers within the wider organisation. Staff told us they knew about the whistleblowing procedure in place at the service and understood who they could whistleblow to if they had concerns.

There was a robust recruitment procedure in place to ensure that staff employed by the service had the knowledge, skills, character and experience for the role. Appropriate checks were carried out to ensure that the staff member did not have any relevant criminal convictions which would make them unsuitable for the role.

People told us they received their medicines when they needed them. One person said, "The staff help me with my medicine." Medicines were stored, managed and administered safely. Regular formal audits of medicines administration were conducted by senior staff, and these picked up errors and anomalies so they could be investigated.

Is the service effective?

Our findings

People told us, and we observed that they were provided with a choice of food and drink. One person said, "We get a choice of two foods and I am happy with that." Another person told us, "I get a choice of food." Two people told us the food they were provided with was appetising and of good quality. One said, "I like the food here, it's very good." One person told us the meal they had been provided with during our inspection did not meet their preferences. We encouraged the person to make their views known to staff so that food which better met their preferences could be provided to them in future. The person's comments were fed back to the management who said they would discuss it with the person and make the person's preferences known to the kitchen staff so they could meet these.

Where people may be unable to make choices about food verbally, they were supported to make choices visually. Staff brought both meal choices to some people so that they could indicate which one they would prefer non-verbally. We saw that meal times were a positive experience and that staff provided the support people needed in a way which upheld their dignity. People were provided with equipment such as cutlery or crockery designed to allow them to eat their meals independently.

People's dietary needs were assessed. We observed that staff were recording what meal people had but were not always recording the amount of the meal they had eaten. Without this the management would be unable to monitor and identify where people were eating less and may need referrals to other professionals such as dieticians. The manager told us that they would address these shortfalls with individual staff members to improve practice.

People were offered a range of snacks and drinks throughout the day. We saw that those who could not verbally request snacks and drinks were offered a choice of these regularly by staff.

People made positive comments about the skills of the staff supporting them. One said, "I like the staff very much, they are very good at what they do." Another person commented, "I think they know what they're doing better than I do." Observations, conversations with staff and looking at records demonstrated that staff had the training required to deliver safe and appropriate care to people. Staff received training specific to the needs of the people they cared for. For example, they received training in diabetes, the Mental Capacity Act, Deprivation of Liberty Safeguards and dementia. This meant that staff were supported to provide care that better met people's individual needs. A new supervision and appraisal system had been put in place with the aim of ensuring staff felt supported and had opportunities to discuss development in their role. The regional operations director told us that this had been identified as an area for improvement. We reviewed the records and saw that each supervision session also included an observation of the staff member's practice and competency. This meant areas for improvement could be identified and discussed to promote staff excellence. Staff told us that they felt the support they received had improved since the new manager had started two months previously.

Staff told us they would feel comfortable suggesting further training to the new manager and said they felt comfortable going to them for support outside of structured supervision sessions.

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. 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. The application 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.

People told us and we observed that staff requested their consent before providing them with care and support. One person said, "They're very good at asking first." Another person told us, "I don't feel under pressure, they ask what I want to do and if it's OK to do it now."

The management of the service were up to date in the changes in legislation around MCA and DoLS and how this applied to people using the service. Appropriate DoLS referrals had been made for those who required them. Care staff demonstrated a good understanding of the principles of MCA and DoLS.

People were supported to access external healthcare professionals when required. One person said, "They call the doctor up if you need one." The manager told us, and records confirmed that the service sought the support of healthcare professionals such as dietitians, psychiatrists, GPs, Chiropodists, Dentists and the falls intervention team where this was appropriate. Records showed that support from external healthcare professionals such as dietitians or GP's was sought quickly after staff identified that a person was becoming unwell.

Is the service caring?

Our findings

People told us the staff treated them in a kind, caring and respectful manner. One said, "They are really nice. I like them a lot." Another commented, "Kind and always a smile." A relative said, "I like all of the staff, they're all very polite and genial."

Staff treated people with kindness, understanding and compassion. We saw one staff member reassuring one person who had become upset. The staff member was speaking with them in an understanding tone and using reassuring touch and humour to calm the person down. We saw that this was effective and had a positive impact on the person's mood.

Staff demonstrated knowledge of people's individual likes, dislikes and life history when speaking with us and with people using the service. A relative of one person said, "They know [relative] very well."

People told us, and we observed that they could be as independent as they wished within the service. One person said, "I don't like to get involved in all that activity stuff. I like to do my own thing and they leave me to it." We observed that staff encouraged people to use the skills they still had to perform tasks independently. For example, we observed a staff member supporting one person to cut up their meal but then encouraging them to eat independently thereafter.

People were supported to have privacy and staff were careful to uphold people's dignity and respect. We observed a staff member supporting someone to walk to the toilet but then standing outside the toilet door until they required support to walk back to their chair. This promoted the person's dignity and allowed them the privacy they wanted.

Improvements were required to ensure that people and their representatives (where appropriate) were involved in the planning of their care. The manager and regional operations director told us that they were implementing new care reviews where people would have direct input in their care planning where they were able. We saw that this was included in an action plan which the service was working towards completing to help ensure good communication and understanding about how the care and support should be provided.

Is the service responsive?

Our findings

Whilst staff clearly knew people well, improvements were required to personalise people's care records to ensure that they reflected their individual wishes as to how they wanted their care provided. For example, care records did not always reflect people's likes, dislikes, hobbies, personal interests, life history or how they wished to spend their time. This information would enable staff to provide people with care centred on them as an individual. It would also support them to demonstrate how people were supported to engage in meaningful activity they enjoyed. One person told us, "They do some activities but nothing I'm much interested in." Another person said, "We do a few bits and pieces but sometimes nothing's going on and it gets a bit dull." There were activities staff who we saw interacting positively with people seated in the main lounge area, engaging them in conversation and activity. However, we observed that people who were less independent and who spent time in their bedrooms or other quieter areas of the service were not always supported to engage in meaningful activity and received less interaction from staff. Further work and consideration was required with regards to how these people, some of whom may be living with dementia, could be supported to live a more fulfilling and active life to reduce the risk of boredom and social isolation. This was fed back to the management of the service who told us about their ongoing plans to improve people's engagement in activity. We saw that this had been identified independently by the service prior to the inspection and was included in an improvement plan.

We recommend that the service considers how they can ensure that people's care records are person centred and reflect their individual needs and preferences. In addition, we recommend that the service seeks advice and guidance from a reputable source on how people living with dementia can be supported to be engaged and stimulated.

People told us their relatives and friends could visit them whenever they wished. One said, "Any time, any day." Another person told us, "They don't mind when [friend] comes. They even get [friend] some dinner or a cup of tea. They are welcomed." One person's relative told us, "We are welcomed whenever we want to visit."

People and their relatives were given the opportunity to express their views on the service. Resident's meetings were held once per month and an additional relative's meeting was held every six weeks. One person said of the meetings, "It's when you get to have your say." We saw that changes were made as a result of what people said. For example, people had recently been involved in discussions about redecoration within the service and made choices about the new décor.

People and their relatives also had the opportunity to feed back on the service through an annual survey of their views. One person said, "We get a sheet every now and then asking a few questions about the place." Whilst a survey had not been completed for some time under the previous management, we saw that new surveys had been drafted which were being given to people and their relatives shortly after our inspection.

People and their relatives told us they knew how to make complaints about the service. One person said, "I could tell anyone. They'd all listen." Another person told us, "The new manager, that's who I would talk to." We looked at some complaints which had been made about the service in the year prior to our inspection.

We saw that these had been fully and thoroughly investigated by the service and appropriate learning had taken place following these complaints. For example, a complaint had been made about the way the laundry was managed and we saw meeting minutes to confirm this had been discussed with domestic staff and changes had been made as a result. We saw evidence that the person and their relative had received a letter explaining what had changed following their comments. This included the implementation of a laundry check to ensure that staff managed this effectively.

Is the service well-led?

Our findings

There was a manager in place who had started working in the service two months prior to the inspection visit. A number of senior staff members within the organisation attended the inspection to speak with us about the ongoing development of the service.

There was a robust quality assurance system in place which was capable of identifying shortfalls in the service. We were shown a substantial improvement plan which had been put in place following an audit in the months before our inspection. This audit had identified a significant number of issues that required addressing to protect people from harm and to ensure that people were delivered high quality care. We could see that work was already underway to complete some of these actions, and areas such as redecoration and refurbishment had already taken place. We were told by the director of service quality that the previous management of the service had not been able to meet and sustain the required standards, so a new manager had been recruited as a result of the identified shortfalls in the service. They were open and transparent about this and how they were going to improve the quality overall.

The majority of the issues identified during this inspection had already been independently identified by the service and plans to address these shortfalls were already in progress. However, further time was required to make the improvements needed and to ensure these were embedded and sustained.

We recommend that the service continue to make progress on their improvement plan and share updates with the Commission to evidence ongoing development.

People and their relatives were complimentary about the leadership of the service. One person said, "It is better since [new manager] started." Another person told us, "Was a bit worried when [previous manager] left in case it went downhill but it's actually better." A relative said, "I wasn't always happy with what was going on previously but you can see changes happening and the new manager definitely seems like a step in the right direction."

Staff members told us they felt positive about the management of the service. One said, "[Manager] is definitely tougher, gets us in line but that isn't a bad thing. I think some of us got a bit lazy." Another staff member commented, "This manager is miles better. [Manager] has been here a matter of weeks and already things are changing for the better."

Staff told us they were involved in discussions about the improvement of the service. One said, "They said things needed to change and since then we have all got together regularly and talked through what needs doing." Records confirmed that staff meetings were held six weekly and these were used to discuss the ongoing improvement plan and how staff could support its completion. This promoted honesty, transparency and shared responsibility within the staff team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>1.Care and treatment must be provided in a safe way for service users.</p> <p>2.Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>a. assessing the risks to the health and safety of service users of receiving the care or treatment;</p> <p>e. ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way;</p> <p>h.assessing the risk of, and preventing, detecting</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>18.—</p> <p>1.Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.</p>