

The Lilacs Residential Home

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Inspection report

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Essex
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Date of inspection visit:
22 October 2019

Date of publication:
08 November 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Lilacs Residential Home is a residential care home providing personal care without nursing for up to 17 people some of whom maybe living with dementia. At the time of inspection 17 people were using the service. The service is set over two floors in a residential area.

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

One person said, "It is all very good here, the staff work very hard." A relative told us, "[person name] is happy here."

We have made a recommendation about the quality assurance systems.

Quality assurance needed to be robust and issues identified dealt with in a timely way to ensure people continued to have the best outcomes.

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medicine was managed safely. People were cared for and supported by staff who had received the appropriate training.

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 have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment needed redecoration, the provider was aware of this. People had access to other health care professionals such as GPs and district nurses.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff worked to promote people's independence through encouraging and supporting people to make informed choices.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner. People were supported at the end of their life.

Rating at last inspection

The last rating for this service was Good. (last report published 11 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

The Lilacs Residential Home

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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

The Lilacs Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

Before the inspection, the provider completed a Provider Information Return (PIR). 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 reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We used all this information to plan our inspection.

During the inspection

We spoke with five people and one relative and observed interactions with staff. We spoke with the provider, manager, and three care workers. We reviewed a range of records. This included four care files, multiple staff files, audits and multiple medication records and information held in relation to the running of the service.

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.

Staffing and recruitment

- At our last inspection we found the provider had not kept staff recruitment documentation up to date. At this inspection we found the provider had put systems in place to ensure all paperwork was maintained and up to date.
- Appropriate recruitment checks were in place and completed before staff began to work at the service. This included up to date references, work histories and Disclosure and Barring checks to ensure staff were of good character and suitable for the role.
- There was a consistent staff team. The provider told us that they rarely had the need to use agency staff.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to keep people safe and protect them from safeguarding concerns. One person told us, "The staff are very good. They all work very hard." Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- Staff also knew how to 'whistle blow' and raise concerns outside of the organisation. One member of staff told us, "I would report anything to a senior or go to the manager. If I was not happy with how it was dealt with I would go to the council or CQC."
- The provider had raised safeguarding concerns appropriately and had worked with the council to investigate any safeguarding concerns to ensure people were safe.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people. Staff undertook risk assessments to keep people safe. Assessments focussed on supporting people to move safely, prevent falls, reduce the risk of pressure sores and have the correct nutritional intake.
- Staff knew how to raise the alarm if somebody suddenly became unwell and were trained in first aid. One member of staff told us, "I would inform the manager, take their temperature and blood pressure and contact the GP."
- The service had emergency plans in place and this included guidance to staff on fire evacuation procedures. We saw regular fire drills were held and equipment checked. The provider showed us a recent review of the premises completed by the fire service which had not raised any concerns.
- People were cared for in a safe environment. Safety certificates were held to demonstrate equipment was safe to use. For any day to day maintenance requirements the provider employed maintenance person.

Using medicines safely

- Only trained and competent staff supported people with their medication.

- Medicine care plans were in place to support staff with the administration of medication. We reviewed medication records which were in good order.
- The provider had signed up to medication alerts from the NHS to share information on predicted issues with medication supplies following BREXIT. We saw they had acted on these alerts and the GP had reviewed alerted medication.
- Regular audits were in place however, the most recent National Institute for Health and Care Excellence (NICE) guidelines need to be added to the audit folder to replace the current out of date guidelines in use.

Preventing and controlling infection

- Staff had personal protection equipment available such as gloves and aprons and were seen utilising these.
- The manager had identified some infection control hazards at the service and was in the process of completing an audit.
- The provider informed they had not had any reportable outbreaks at the service such as norovirus.

Learning lessons when things go wrong

- The provider had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers.

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

- The new manager was in the process of reviewing people's care plans to ensure the care they received met their choices and needs, and that care was managed and delivered within lawful guidance and standards.
- The new manager told us, "Since I have been here I have spent my time talking with staff, people and relatives getting to know them and how they wish to be supported to reflect this in their care plans."

Staff support: induction, training, skills and experience

- People continued to receive effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care.
- New staff were given a full induction when they first started. One member of staff told us, "When I started I spent several weeks shadowing other staff, then I was observed."
- Staff were provided with a mixture of face to face training by an external training provider and on-line training. The provider told us staff had completed numerous training days to enhance their skills. This included sepsis awareness, oral care, hydration and nutrition, end of life care and catheter care amongst others.
- Staff had regular supervision and a yearly appraisal and attended regular staff meetings with the provider.

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

- People were supported to have enough to eat and drink. Everyone we spoke with was very complimentary of the food. One person said, "The food is lovely, like a hotel."
- We saw people were given a choice over what they wanted to eat. Throughout the day we saw people were encouraged to maintain a healthy fluid input with a variety of drinks and snacks being offered.
- Staff monitored people's weight for signs of changes and sought medical advice where required. The provider told us they supported special diets such as diabetic diets, soft diets and fortified food, to help with weight gain if people needed this.

Adapting service, design, decoration to meet people's needs

- The service general appearance and decoration appeared tired and needed refurbishment and redecoration. The provider informed us the new manager was putting together a refurbishment plan for the service and funds would be made available to undertake this work.

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

- People were supported to have all their healthcare needs met. People were registered with a local GP to

provide consistent healthcare.

- People had reviews carried out by the GP or practice nurse. For any on-going nursing requirements people were supported by the district nursing team.
- One person told us, "The district nurse comes in everyday to see me."
- People were supported to have all their healthcare needs met and had access to dentist, district nurses, opticians and foot health practitioners. One person told us, "I have my toenails cut every six weeks."
- A member of staff told us, "We recently had the dentist to review everyone who wanted it, one person needed a filling."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities.
- The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act.
- Appropriate applications had been made to the local authority for DoLS assessments. This told us people's rights were being protected.

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 were very complimentary of the service and told us they were happy living there. One person said, "Staff are good I like them, they help with everything I do, and are very friendly." A relative said, "The staff are very good, they look after [person's name] very well."
- We saw that staff had good relationships with people and throughout the inspection we saw staff chatting and laughing with people whilst showing kindness and compassion.
- Staff were able to demonstrate a good knowledge and understanding of people's needs. Staff knew people's individual preferences for care and support.
- People were supported to follow their faith and had access to local churches. One person said, "Members from the church come and visit me." Another person said, "The priest comes to see me."

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

- Each person was allocated a member of staff as a key worker to support them and work with them to ensure they were comfortable and had everything they needed to support their needs.
- The provider spent time at the service talking with people and getting their feedback on how the service was running and asking them if they wanted any extra activities. For example, we heard the provider talking with people how they wanted to spend their time.
- The new manager was spending time getting to know people and discussing their care needs with them, staff and relatives.

Respecting and promoting people's privacy, dignity and independence

- One person told us, "I have no complaints we all get on okay, the [providers name] runs it like a home from home."
- Staff promoted people's privacy, dignity and independence. People were supported as individuals and had their own routines and activities they followed each day. For example, people chose when they got up and went to bed and how they spent their time. One person said, "Staff give us a choice, but if we use our buzzer they are there almost instantly."
- People were encouraged to maintain their relationships with family and friends and could receive visitors at any time. The provider also had internet access available for people to use if they wished to stay in touch with family by email or video calling. One person said, "I have a tablet to use and there is free Wi-Fi."

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 ensure people have choice and control and to meet their needs and preferences

- The new manager was in the process of reviewing all care plan documentation to ensure they were person centred and included all the information needed to support people's care needs.
- Care plans we reviewed were informative and included all the information staff required to support people.

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.

- Two people living at the service had specific communication needs and needed an interpreter. The provider told us they had arranged an interpreter for one person to assist them with appointments and identifying their care needs. For another person a family member was used. The new manager was arranging for a translation application on a tablet to be used to try and support communication needs.
- People's communication needs were identified in care plans and the provider had such aids as large print text available if people needed this.

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 told us they had plenty of activities at the service if they wanted to join in. One person said, "I join in with quizzes and we play card games." Another person said, "I have this bag here which I call my activities bag, I have plenty to keep me busy."
- One person said, "I like going out with my son fishing." A relative told us, "I come and visit every week and we usually go out for lunch."
- We saw there was a visual activities board on display outlining what activities would be happening throughout the week.
- During the inspection we saw people taking part in choosing music to listen to and later playing bingo. People were also having their hair attended to by a visiting hair dresser.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure in place and responded to any complaints in a timely way.
- People and relatives told us that communication at the service was good and that if they had any

complaints they would talk to the provider.

End of life care and support

- The registered manager knew how to access support for people at the end of their life. They worked closely with the GP and district nursing services to support people when needed.
- We saw some people had expressed their wishes for the end of their life and the registered manager was working with people to ensure all their wishes were recorded.
- Staff had received training in how to support people at the end of their life.

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 Good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider had appointed a new manager to overhaul the current governance systems in place.
- We spoke with the new manager and saw examples of paperwork they were implementing.
- We saw they had already identified issues with the environment and were putting together an action plan for the providers to approval.
- The provider agreed they needed to invest in updating the general environment and told us they would be implementing the new managers recommendations when they had agreed a budget and time-frame for the work.
- The provider needed to update their website to ensure people had access to the most up to date CQC reports and ratings.

We recommend the provider implements the new governance plans and follows best practice guidance to monitor and maintain good care and learning at the service.

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

- There was a positive culture at the service. The provider promoted people being supported in an environment that was relaxed and friendly and felt like their home.
- People we spoke with all told us they were happy living at the service and we saw many friendly interactions between people and staff.
- Staff shared the providers vision of placing people at the centre of the service. One member of staff said, "We support people to live as independently as possible."

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

- There was a positive management structure in place which was open and transparent. Staff told us they felt supported by the management team to perform their role. One member of staff said, "We get support from the provider, everyday they are here, and now we have the new manager who is very supportive."
- Staff told us they had regular staff meetings, daily handovers and used a communication book to keep up to date. One member of staff said, "We work really well as a team."
- Staff were clear about their roles and worked within regulatory requirements. The provider understood

their responsibility under duty of candour to be open and honest if things go wrong.

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

- People were actively involved in improving the service they received. The provider spoke with people daily to get their feedback and kept records of meetings with people and relatives.
- The provider sent out questionnaires to people, relatives, staff and other health professionals to gain their feedback. We saw these were analysed and a response made available of any actions undertaken.