

Oak Lodge Care Ltd

The Lilacs Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Lilacs Residential Home is a residential care home providing regulated activity personal care to up to seventeen people. The service provides support to older people some of whom maybe living with dementia. At the time of our inspection there were 16 people using the service. The care home accommodates people in one adapted building over three floors.

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

People told us they were happy living at the service one person said, "The staff are very good, I won't hear a bad word said against them."

The service had been taken over by a new provider and there was a new management team in place.

Improvements were needed with the management of medicines to ensure people were receiving their medication as prescribed. Governance systems needed to improve to ensure there was effective oversight of all aspects of the service.

Care plans were person centred and contained the information staff needed to support people safely. There were appropriate levels of staff to support people. People were safeguarded from the risk of abuse. Staff had received appropriate training to support people.

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 supported 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 new provider had made positive changes to the environment and there was a refurbishment plan in place.

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 1 June 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 9 November 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines at the service.

Follow up

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

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

The Lilacs Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Lilacs Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed the care provided to help us understand the experience of people who could not talk with us. We spoke with seven people who used the service, and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, quality manager, cook and two care staff. We also spoke with a visiting healthcare professional.

We reviewed a range of records including two people's care documentation and five people's medicines records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medication was not always managed safely. Systems needed to improve to ensure people received their medicines as prescribed.
- We reviewed medication administration records (MARs) and found gaps in recording. This meant we could not be assured people had received their medicines as prescribed.
- On checking one person's medication we found an additional two tablets, which indicated the medicines had been signed for as administered but had not been given.
- It was change over day for medicines which meant a new month's supply had been checked in and MAR charts rewritten by staff to start the new month's medicines cycle. We found one incident of prescribed medication not being added to a person's MAR chart we raised this immediately with staff to ensure the person had their medicine as prescribed.
- Dates of opening had not been added to liquid and some boxed medicines. Opening dates on liquid medicines are important as there can be a limited time for use once opened.
- Medicine that was prescribed as required had not been added to two people's MAR charts. This meant we could not be assured they received the medicine when they needed it.
- Controlled drugs that had been returned to pharmacy as no longer needed had not had their balance returned to zero in the controlled drugs book as is the provider's policy.
- Weekly medicine audits were completed but had not identified the issues we found. Systems needed to improve to ensure people received their medicines safely.

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

- The registered manager and quality manager told us they would take immediate steps to review systems and address issues raised.
- Staff had received training in medicine administration and had their competency to do so checked.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I feel safe, there is always someone around."
- Staff had received training in how to safeguard people and knew how to raise concerns. One member of staff said, "I would raise any concerns with the manager or regional manager and can go to the CQC if needed."

- The service had a 'whistle blowing' policy and the registered manager had discussed this with staff during meetings.
- The registered manager understood their responsibilities to safeguard people and worked with the local authority when needed to raise safeguarding concerns and investigated these to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people were assessed and guidance put in place for staff to follow to mitigate these risks.
- Risk assessments were in place to mitigate against falls, pressure sores, choking, moving and handling as well as individual risk assessments dependent on people's needs.
- Staff had received training in first aid and had fire awareness training. There were procedures in place should the service need to be evacuated and an emergency grab bag was prominent in reception.
- The registered manager had a regular maintenance person to deal with day to day environment issues and they had all the required checks in place for example, for gas, hoisting equipment and legionella water checks.

Staffing and recruitment

- Staff were supported by regular staff who knew them well. The registered manager did not use agency staff at the service.
- We observed staff met people's needs promptly. The registered manager used a dependency tool to guide how many staff were needed each shift and they told us they worked slightly above this requirement.
- The registered manager had followed safe recruitment processes such as obtaining references and carrying out checks with the Disclosure and Barring Service as part of their recruitment process.

Preventing and controlling infection

- Staff had received training in infection prevention and control (IPC). We saw staff were wearing personal protective equipment (PPE) effectively. There were PPE stations strategically placed around the service with appropriate storage facilities for PPE and disposal bins. Staff also had access to hand sanitising gels.
- The registered manager continued to follow guidance to minimise the risk of infection at the service.
- COVID-19 risk assessments were in place for people and staff.

Visiting in care homes

- The registered manager was following guidance on visiting in care homes. Relatives were supported to visit, and people told us they also went out with their relatives.

Learning lessons when things go wrong

- The registered manager had systems in place to learn lessons when things go wrong. Discussions were held in staff meetings and staff had 1:1 supervision to discuss any learning points.

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 needs were assessed before they came to live at the service to ensure they could be met. Assessments considered people's needs and choices and followed best practice guidance.

Staff support: induction, training, skills and experience

- New staff were supported to have a full induction at the service, which included shadow shifts and training. One member of staff said, "I have had plenty of support since starting, I have had an opportunity to get to know people and have been paired to work with other staff."
- The registered manager told us they supported staff to develop skills and progress their careers. Staff new to care were supported to complete the Care Certificate. This 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 fifteen minimum standards that should form part of a robust induction programme.
- Staff were supported with regular meetings and 1:1 supervision with the registered manager. One member of staff said, "We discuss how we are feeling, if we need any further training, we talk about infection control, if there is anything we want to add to our job and any support we need."

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

- People were supported to have enough to eat and drink. We saw people were encouraged with drinks throughout the day. The registered manager told us during the hot weather they had been promoting food that contained water as well as providing ice lollies and plenty of drinks to keep people hydrated.
- People told us they were happy with the food and had plenty to eat and drink. One person said, "The food is lovely we always have plenty." Another said, "They [staff] do me want I want to eat."
- We spoke with the cook who showed us the menu planner they had and information they held on people to ensure they were getting the correct diet. Where appropriate people were support with specialist diets.

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

- People told us they had access to see a doctor or nurse if needed. One person said, "The nurse comes everyday to see me and gives me my injection." Another person said, "If I needed to see someone the staff would arrange it."
- The registered manager told us they had a good relationship with their local GP service, practice nurses and district nurses. They had an arrangement in place where a practice nurse came in weekly for reviews. If reviews were needed before this a referral form was completed and sent to the GP who would make the decision to send out a practice nurse to assess or if a GP visit was needed.

- We spoke with a visiting health professional who told us they attended weekly to do any reviews and new patient assessments. They said, "The staff are very good at communicating and following up on any advice given."
- The registered manager arranged for an Occupational Therapist to assess people's moving and handling needs, and the new provider had purchased the appropriate equipment to support people with this.
- There was a raising device at the service. This is a piece of equipment that can help to lift a person who had fallen to the floor to a sitting position. Staff had received the appropriate training to use this equipment.

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

- The new provider had a refurbishment plan in place and had made a number of positive changes to improve the environment for people living at the service. The quality manager and registered manager were able to describe other improvements which were in the process of being made.
- People told us they were happy with their rooms and had what they needed. The provider had renewed flooring and rooms were on a schedule for redecoration. Vinyl wraps were being added to doors to make them individual for people.
- The laundry room was being relocated, which would also have the benefit of adding more storage room in the service.
- People had access to a large garden and the registered manager told us the plans they had for this to be used more by people.

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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager understood their responsibility under DoLS and had made the appropriate applications.
- Staff had received training on MCA and DoLS and knew how to support people to make decisions on their day to day life.

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

- People told us they were happy living at the service. One person said, "I am happy here, looked after very well."
- We observed staff and people were happy and relaxed in each other's company laughing together. One person said, "We have a laugh every day."
- Staff knew people well and how they wished to be supported.
- People's equality and diversity needs were considered and reflected in their care plans.

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

- People were involved in planning their care and support needs with the registered manager. Where appropriate relatives were involved to inform care plans of people's likes, dislikes and daily routines.
- The registered manager held meetings with people and gained their feedback through survey's. For example, surveys were frequently completed on the dining experience and enjoyment of meals.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and protected their privacy and dignity. One person said, "Staff have encouraged me to walk up and down with my walking frame." Another person said, "I always have female carers, that is my preference."
- One member of staff told us how they used a dignity shield to obscure the views of others when a person had seizures until it is safe to move them. They also described how they stayed with them holding their hand and talking to them until they recovered.

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

- The new provider had invested in an electronic care planning system at the service. Staff could use handheld devices to keep care records updated throughout the day.
- Some aspects of the electronic system needed further development to get full use from the system and to link for example, risk assessments with care plans. The quality manager was arranging for further staff training on the system.
- Care plans were detailed and contained all the information staff needed to support people. The registered manager informed us that people were fully involved in their care planning to ensure they were personalised to their 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.

- People's communication needs were assessed, and staff had the information they needed to communicate effectively with people.
- The registered manager told us they had large print documents if needed and picture cards.

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 were supported to join in activities by staff. We saw people enjoying an armchair yoga session in the morning. One person told us, "I like it when we have sing a longs."
- There was no one member of staff responsible for activities with people, the registered manager said, "We have a number of activities we have brought and do with people to encourage different things such as movement or memory. Musical hangman is very popular and indoor skittles."
- One member of staff told us they liked to support people to go out, but currently due to the heat nobody had wished to go out.
- People were supported to maintain contact with friends and relatives and visitors were welcomed at the service.

Improving care quality in response to complaints or concerns

- The registered manager had a system in place to fully investigate and respond to complaints.

- People told us they knew who to complain to and would not have any issues raising complaints.
- The service also received a number of compliments and positive reviews about the care received by people.

End of life care and support

- There was no one actively on end of life care. The registered manager knew how to get support when needed from the palliative care team and GPs.
- The registered manager was arranging for additional training in end of life care for staff to enhance their skills to care for people.

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 requires improvement. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager did not have full oversight of the service. Some audits had been assigned to other staff members to complete, these had become ineffective in identifying the issues we had found with medicines. The registered manager and quality manager agreed to review the systems they had in place around medication audits.
- The registered manager understood their responsibility to report notifiable events to the CQC in line with regulatory requirements.
- The provider and registered manager were aware of their responsibilities in relation to duty of candour. Duty of candour requires providers are open and transparent with people who use their services and other people acting lawfully on their behalf in relation to care and treatment.

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

- The service had received positive feedback since being taken over by the new provider and management team. One health professional told us, "There has been improvements they are moving in the right direction."
- People were positive about the care they were receiving. One person told us, "The previous people were good, although I have seen improvements made since the new owners."
- The registered manager was very visible in the service and staff told us they felt well supported by the management team.
- Staff shared the registered managers vision to promote positive outcomes for people. One member of staff said, "We want to make people comfortable and make the most of their time."

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

- People were supported to share their views through meetings and surveys. Care plans were reviewed monthly to ensure they were still relevant and met people's needs.
- The registered manager spent time talking with people to gain their feedback on care.
- Staff had regular staff meetings to share ideas and discuss how the service could continuously improve. There were also staff surveys for the registered manager to gain feedback from staff.

Continuous learning and improving care; Working in partnership with others

- There was a quality manager in post who in conjunction with the registered manager was developing the governance systems to ensure they were effective.
- There was continuous learning and staff were encouraged to develop their skills.
- The registered manager and provider worked in partnership with other organisations, including other healthcare professionals and the local authority.