

## The Lilacs Residential Home

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### Inspection report

121 Chalkwell Avenue  
Westcliff On Sea  
SS0 8NL  
Tel: 01702 712457  
Website: [www.example.com](http://www.example.com)

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The Inspection took place on the 23 June 2015.

The Lilacs Residential Home provides accommodation and personal care without nursing for up to 17 persons who may be living with dementia. At the time of our inspection 17 people were living at the service.

The service had a registered manager. 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.

Care and treatment was 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. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental

# Summary of findings

Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was up-to-date with recent changes to the law regarding DoLS and knew how to make a referral if required.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor and district nurse.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint and complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including using questionnaires and by talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People felt safe at the service. Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



### Is the service effective?

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available

People had access to healthcare professionals when they needed to see them.

Good



### Is the service caring?

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs. People were supported to access activities in the local community.

Complaints and concerns were responded to in a timely manner.

Good



### Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



# The Lilacs Residential Home

## 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 the 23 June 2015 and was unannounced.

The inspection team consisted of two inspectors. Before the inspection we reviewed previous reports and notifications that are held on the CQC database.

Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

We spent time observing care and used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk to us, due to their complex health needs.

During our inspection we spoke with eight people and two relatives, we also spoke with the manager, provider and six care staff. We spoke with a visiting healthcare professional. We reviewed five care files, two staff recruitment files and their support records, audits and policies held at the service.

# Is the service safe?

## Our findings

People told us they felt safe living at the service, one person said, “I get good care and feel secure here.” A relative told us, “They take good care of [name]. I felt at ease as soon as I came here.”

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff said, “If I had any concerns I would tell the owner or go to social services.” The service had a policy for staff to follow on ‘whistle blowing’. One member of staff told us, “If I was worried about anything I would call the CQC or the police.” The manager clearly displayed an independent service called ‘Ask Sal’ which is a helpline for staff, people or relatives to call if they had any safeguarding concerns. Staff referred to this service saying they would call the number if they needed to report anything.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, moving and handling, use of bedrails, nutrition assessments and prevention of pressure sores. Staff were trained in first aid, should there be a medical emergency, and they knew to call a doctor or paramedic if required.

People were cared for in a safe environment. We saw the service was in the process of being updated with new furniture. The manager arranged for the maintenance of equipment used including the hoists, lift and fire equipment and held certificates to demonstrate these had been completed. The manager employed a maintenance person for general repairs at the service. Staff had emergency numbers to contact in the event of such things as a plumbing or electrical emergency.

There were sufficient staff to meet people’s needs. A member of staff told us, “We have enough staff, if we need

more we just ask.” One person said “I have an alarm in my room if I press it they always come quick and fix anything for me.” Another person said, “The staff always come when I need them.”

Staff and the manager told us that they only used permanent staff at the service and did not have a need to use agency. Staffing levels were matched to the needs of people living there, during a recent review the manager and provider had added more care hours at the service to meet people’s increasing needs.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Where appropriate the manager involved people living at the service when interviewing new staff. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, “A friend told me about working here so I applied and came for an interview then they checked all my details and I completed a DBS.”

People received their medications as prescribed. One person told us, “I get my medication when I need it, if I want painkillers I ask for them.” Senior carers who had received training in medication administration and management dispensed the medication to people. We observed part of a medication round. Staff checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. The staff checked with the person if they required any additional medication such as for pain relief and asked them how much they felt they needed. We saw that medication had been correctly recorded on the medication administration cards.

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

# Is the service effective?

## Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us that they had been supported to achieve nationally recognised qualifications in care. One staff member told us, “I have just completed my safeguarding training.” Another staff member told us, “We do a lot of training, it helps us to look after people and we put into practice what we have learnt.” Staff were very positive about their training and the support they received from the manager to complete this. One person said, “The staff are always going on courses and they have diplomas, I have every confidence in the staff.”

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. Staff said when they first started at the service they completed their training then worked ‘shadowing’ more experience staff. This gave them an opportunity to get to know people and how to best support their needs. One member of staff said, “I have just returned from a break so I came in for a day first to go through the care plans and have an update on people’s care needs.” The service had recently employed new staff who had been enrolled into completing the new ‘Care certificate’. This enabled staff who were new to care to gain the knowledge and skills to support them within their role.

Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they always consult with people and support them with making choices on how they wish to spend their time. People at the service had varying levels

of capacity. CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). The manager understood their responsibilities and where appropriate had made applications under the act. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person’s best interests.

People said they had enough food and choice about what they liked to eat. One person said, “I am not keen on meat so they get quorn for me.” Another person said, “I had lost weight before I came here but I enjoy my food now and have put a bit of weight back on.” People said they had plenty of choice over what they wanted to eat and if they did not like the choices on the menu they could have an alternative. We saw throughout the day people were provided with food and drinks.

If required people were provided with special diets such as for diabetes or if people needed soft and pureed food. Where required 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 were supported to access healthcare as required. The service had good links with other healthcare professionals, such as, chiropodist, district nurses, and GPs. A healthcare professional said, “The service is very quick at making prompt referrals.” We saw people also had access to optician and dentist check-ups. One person told us, “They call a doctor if I need one, or they can take you to the doctor.” A member of staff said, “If I need a doctor to come out to see somebody, I make sure that they do come.”

# Is the service caring?

## Our findings

Staff provided a very caring environment. Throughout our observations there were positive interactions between staff and people. One person told us, “The care here is very good” Another person said, “I adore the staff, they are all very friendly.” A relative told us, “The staff are very competent always on top of everything.”

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level, we saw many occasions of this, with staff frequently topping up people’s drinks as it was a warm day. A relative told us, “There is always a nice atmosphere here, the staff feel like your friends.”

Staff knew people well including their preferences for care and their personal histories. One person told us, “I like to go to my room early and watch TV or write letters, the staff always check I am okay.” Another person said, “The staff know I like my door open so people can say hello when they pass by.”

We noted that people were smartly dressed and their clothes were well kept. Staff told us it was important for people’s well-being and dignity that they dressed smartly as they would in their own home. The manager had invested in a new steam iron recently at the request of staff, to use when laundering people’s clothes.

People’s needs were attended to in a timely manner by staff. We saw staff quickly diffuse a situation when one person became agitated with another person. The staff demonstrated good skills and knowledge of both people and how to best to distract them. Moments later both people were laughing together again.

People and their relatives were actively involved in making decisions about their care. One person said, “I have a care plan, the staff fill it in and keep it up to date for me.” Staff reviewed people’s care plans and discussed these with people and their relatives as appropriate. One member of staff said they had recently updated two people’s care plans as they had expressed a different method they would like to use to transfer from bed to chair which was their preference. Staff told us that they used a key worker system; this meant people had a named care worker who took care of their support needs and reviewed their care with them.

People’s diverse needs were respected. People had access to individual religious support should they require this. One person said, “I regularly take holy communion here.”

Staff treated people with dignity and respect. People told us that staff always respected their privacy. Staff knew the preferred way people liked to be addressed and we saw staff were respectful in their interactions with people.

The service was spacious with plenty of room for people to receive visitors. Relatives told us they visited at all different times of the day without any restrictions of visiting times.

# Is the service responsive?

## Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being. A relative told us, "The staff always keep us up to date about our relative's condition."

Before people came to live at the service their needs were assessed to see if they could be met. Relatives told us they looked at many different places before they made the decision to use the service. One relative said, "I felt at ease as soon as I came here and I had looked at four or five others first." One person living at the service told us they had first been there for respite care following a hospital stay. They said, "I knew I wanted to come back here as I felt comfortable here."

People were involved in the planning of their care needs. One person said, "On the day I came into the home one member of staff sat with me as she was writing my care plan, she asked me a lot of questions relating to how I felt my care needs should be met and what my preferences were."

Staff had a good understanding of people's care needs and routines. They were able to describe how people liked to be supported and what their preferred routines were. Staff had a good understanding of person centred care one said, "Person centred care is when we provide care based on

each individual's needs and their individual care plan." The care plans were regularly reviewed, at least monthly. Staff also updated the care plans with relevant information if people's care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs.

People were encouraged to follow their own interests at the service or in the community. People were supported to keep community contacts and to remain in touch with friends and family. People told us how they like to go out or spend time with their families. One person told us, "I sometimes go out with my friends for lunch or for a ride."

People enjoyed varied pastimes and the management and staff engaged with people to ensure their lives were enjoyable and meaningful. Some people were enjoying reading the newspaper, doing puzzles and watching television. During the morning we saw people engaging in chair exercises followed by group singing. These sessions were jointly led by staff and by people living at the service. One person told us, "I sometimes just like to sit in the garden and read." Another person said, "I like to help by folding the laundry."

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People and relatives said if they had any concerns or complaints they would raise these with the manager. One person said, "I would talk to my key-worker or the manager."



# Is the service well-led?

## Our findings

The service had a registered manager in post who was a joint owner with the provider. Both were very visible within the service and one of them would be at the service every day. They had a very good knowledge of all the people living there and their relatives.

People and relatives felt at ease discussing any issues with the manager or provider, one person said, "They are very good, will do anything for you." Another said, "They always check if I need stamps for my letters and got a new battery for the clock when I asked."

Staff felt the manager was very supportive to their roles and said, "If we ask for anything they always do their best to provide it, for example if we need to do paperwork and ask for an extra member of staff they will provide it." Staff also said they felt that their opinions were listened to, one said, "We asked for the beds to be changed due to the needs of people living here becoming more dependent and they are now in the process of purchasing all new beds." Staff said this helped them to assist people and helped to maintain their independence. This demonstrated that people were being cared for by staff who were well supported in performing their role.

Staff had regular supervision and meetings to discuss people's care and the running of the service. Staff said, "We have supervision and can talk to the managers and ask them advice about people's care needs." The manager said that they also do observations of staff and will work alongside them to feedback on their skills and performance. Staff said they had regular team meetings to discuss any issues and to learn from any events and share

information. Staff also had a handover meeting between each shift, to discuss any care needs or concerns that have happened and used a communication book to share information. One member of staff said, "We have a good team here and work well together, we know each other's strengths and weaknesses and support each other."

Staff shared the manager's and provider's vision for the service. Staff told us, "We aim to make it as homely as possible so that people feel safe and happy in their final years." The manager told us that their aim was to support both people and their family to ensure they felt at home and happy living at the service.

The manager and provider gathered people's views on the service through meetings with relatives and people and through the use of questionnaires. They gathered opinions on people's care, the performance of the service and staff, and any changes or improvements that people felt were needed. The provider also uses an annual survey to update people and their relatives on what is happening within the service, for example the purchase of different beds, increase in care hours and general redecoration plans. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people's care plans, medication management and the environment. They used this information as appropriate to improve the care people received.