

Lilacs Care Ltd

The Lilacs Residential Home

Inspection report

42-44 Old Tiverton Road
Exeter
Devon
EX4 6NG

Tel: 01392435271

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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 ●

Summary of findings

Overall summary

About the service

The Lilacs Residential Home is a residential care home providing personal care and registered to support up to 29 people. There were 28 people living at the service at the time of the inspection. Nursing care can be provided through the local community nursing services if appropriate.

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

People and their relatives gave us positive feedback about the quality of care and staff approach. We observed many caring interactions and people were treated with dignity and respect by kind and caring staff. Staff knew people well and understood how to care for them in a personalised way. Some staff had worked at the service for many years. Care plans were in a new computerised format and were informative and regularly reviewed to support staff.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People enjoyed a range of activities and some trips on offer. There was an activities programme, and people were encouraged to join sessions that stimulated both their mind and kept them physically active. The registered manager was continuing to develop dementia-friendly activity provision and reviewing activity records to further ensure each persons' leisure needs were consistently met.

People had a choice of where they spent their time and were supported to remain as independent as possible. The environment was homely and clean, recently re-furnished and well maintained. People enjoyed the meals, drinks and snacks throughout the day and their dietary needs and preferences were met. One staff member regularly made home made soup for people who said they enjoyed this.

People's needs had been assessed and planned for before they moved into the service and kept under review. Staff supported people to access support from healthcare services when needed. A community nurse told us, "Staff are pro-active. They always do what is asked quickly and follow up advice. It's one of my favourite care homes to come to."

People received their medicines when they needed them from appropriately trained staff. People received safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and potential abuse. There were systems to analyse when things went wrong to understand the cause and try to avoid repetition.

There were effective systems in place to monitor the safety and quality of service being provided. People, their relatives and health professionals were involved in people's care. People and staff had the opportunity to give their views on the service through quality assurance surveys, supervision and team meetings, which

were used to drive improvement.

People and their relatives felt the service was managed well and that the registered manager and staff were approachable. Management felt well supported by the new provider. There was a complaints policy and we saw that procedures were followed when dealing with complaints about the service so that a positive outcome was achieved.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 19 June 2017).

Why we inspected

This was a planned inspection based on our previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

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 safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our safe 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

This inspection was carried out by one inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Lilacs Residential Care 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

We reviewed the information that we held about the service including information about important events which the service is required to send us by law. We also 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 used all of this information to plan our inspection. Not everyone who lived at The Lilacs was able to talk about their experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection

We spoke and spent time with 21 people who lived at the service, four people's relatives and two visiting healthcare professionals about their experience of the care provided. We also spoke with four care staff, a domestic, cook, deputy manager, the registered manager and the maintenance manager. We reviewed a range of records including, three people's care plans, medication records and records of how people had spent their time. We looked at a variety of records relating to the management of the service, including staff training, accident and incidents, complaints, compliments, satisfaction surveys 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.

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 safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at The Lilacs. One person commented, "I'm safe, yes. I'm going home today. They [staff] are very nice indeed. I've had a lovely time." A relative told us, "This is the best place for mum, .. they put her needs before anything. I have no qualms about her being here. I know that she is being well looked after and that she is safe."
- Staff had received training on safeguarding vulnerable people and information and guidance was available to them to follow. Appropriate action was taken by staff when such concerns arose. The registered manager worked with the local authority safeguarding team to ensure learning and improvements were made.

Assessing risk, safety monitoring and management

- The home was well-maintained and safe for the people living in. The provider had completed extensive refurbishment and a new conservatory roof was about to be fitted. Regular checks were carried out to ensure the safety of the environment and fire safety was effectively managed.
- People had personalised risk assessments which were reviewed regularly and gave staff the information needed to manage the risks associated with people's care. One person living with dementia liked to stay in their room. Staff regularly checked they were happy and safe, responding promptly to a pressure mat alarm when the person was mobile to minimise the risk of falls. Falls prevention devices were recorded as being checked to ensure they were working. The environment and rooms were uncluttered and people had their walking aids to hand.
- Staff were observed using equipment to transfer people safely.
- Risk assessments included a separate skin integrity section to monitor risk of developing skin pressure damage. No-one at the home had any pressure damage and people at risk were using pressure relieving equipment appropriately. Check sheets for changing position were paper based and kept with people so they could be monitored easily.

Staffing and recruitment

- There were enough staff available to meet people's needs. Staff responded quickly to call bells and people asking for help were attended to promptly. A relative said, "I am happy with the care, people are well looked after, kept warm, kept clean, the room is tidy; I am well pleased."
- People told us there were enough staff at the home to help them when needed. They said, "Staff are very helpful and polite" and "Staff are very caring, everyone seems happy; no-one is pushy." Relatives said, "Staff always think about the person, and treat them as an individual, ... if ask for something, they always do their best to sort it for you" and "Always helpful."
- Staff were safely recruited and underwent a sufficiently robust recruitment process before being

employed.

Using medicines safely

- Medicines were safely administered, stored and recorded by staff who had the required knowledge and skills.
- The home had systems and checks in place to ensure the safety and quality of medicines administration was maintained. This included good information for staff about how and when to give medicines that might be needed 'as required'.

Preventing and controlling infection

- Throughout our inspection we found the home was clean and free from unpleasant odours. People and relatives all said it was clean.
- Staff had received training on this topic and used personal protective equipment (PPE) when required. During the Christmas party on the day of the inspection, staff were wearing elf aprons to match their Christmas outfits.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and responded to by staff. The registered manager had worked with the local quality assurance team on improving the detail in these records.
- Information was regularly reviewed to promote reflection and learning from what had occurred and to identify any emerging patterns or trends that needed addressing. For example, devising falls prevention equipment check sheets and ensuring the location of peoples' rooms was safe for them if they mobilised unaided before staff could respond.

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.

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

- People benefitted from having a choice of freshly made appetising food at mealtimes. We observed people enjoyed the meal time experience and staff supported and encouraged people to eat and drink. Most people were living with dementia but were able to choose their meal by looking at a plate of food. We discussed having day to day menus and/or pictures to further aid this process as there were only menus for themed days, but we did see people having a range of different choices. However, the cook and staff knew peoples' preferences and diet requirements. For example, for the Christmas party there was gluten free, vegetarian and diabetic Christmas food to ensure everyone was included. Staff said, "We make sure people have had enough. If people forget they have had breakfast, that's ok. We can offer something else."
- People were offered regular drinks and could help themselves to snacks throughout the day. We did not always see staff offer a choice of drinks which we fed back to the registered manager who said they would remind staff. People were also using plastic cups, the registered manager said this would be re-assessed as to why normal cups were not used. People told us, "The food is very good, we are offered a choice. My wife was offered a meal yesterday", "The food is good", "I occasionally have a cooked breakfast, we get a choice" and "I enjoy the roasts."

Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives told us staff at the home were good at helping them to access other healthcare services when needed. One person told us, "I can ask staff to ring the GP if I need them."
- People's health was monitored by staff. A community nurse told us, "Staff are pro-active. They always do what is asked quickly and follow up advice. It's one of my favourite care homes to come to." For example, they were visiting to check a person's skin as staff had noticed a blemish and another person's wound had been noticed as becoming more inflamed.
- Relatives were kept informed about any changes to their loved one's needs. One relative commented that they would like more information about health issues but they had not spoken to the registered manager or staff, which we advised.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and documented prior to them moving into the service, to ensure staff at the home were able to safely and effectively meet their needs. All people had a detailed computerised care plan.. A care needs summary also made it easy for staff, especially new and agency, to access important care information. The quality of daily records was being audited as some entries were too brief to record that care had been delivered as per the care plans. The registered manager was aware and had accessed support also from the local authority quality and improvement team.

- People's oral care was planned for and met. The registered manager was currently auditing oral care to ensure that this was being carried out consistently and included this topic in staff meetings.
- People's individual equality and diverse needs were considered during the assessment and care planning process, such as age, disability and religion. This included how people's dementia affected them individually

Staff support: induction, training, skills and experience

- New staff received a thorough and supportive induction into their role and staff received ongoing training to meet people's needs. This included dementia care, pressure care, falls prevention and end of life.
- Staff felt supported with their performance and wellbeing through regular supervisions and appraisals.
- People and their relatives spoke positively of the staff and the support people received. People and relatives used words such as , "Helpful", "Friendly", "Caring" and "Good".

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

- People's had been supported to personalise their rooms to reflect their personalities and tastes. One person had chosen a yellow room and had been able to design their room with their family.
- The layout of the service gave people options of where they wanted to spend their time. Another lounge area was being re-decorated for when the new conservatory roof had been fitted. One person said they enjoyed using the quieter front lounge.
- Most of the people living at the service were living with dementia. We saw there were adaptations to assist people in finding their way around the home and understanding other information, such as easy-read signage. People had Christmas decorations in their rooms so they could remember the time of year.

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 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. 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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought and documented people's consent to their care and treatment in line with the principles of the MCA. Where decisions needed to be made in people's best interests, relevant people were involved, and appropriate records had been completed, for example for pressure alarm mats.
- DoLS applications and authorisations were effectively monitored and managed. Some DoLS applications needed reviewing but the registered manager was aware and had contacted the relevant authorities.

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 and their relatives gave us positive feedback about the quality of care and staff approach. One relative told us, "It's small enough to be like a family, and it's like a home, not an institution."
- Positive and caring relationships had been made between people, staff and relatives. Each person had a Christmas present from staff, for example. Some relatives who had lost their loved one still continued to visit staff and people living at the home. We observed the registered manager interacting with someone who had been feeling anxious. They showed genuine interest in the person and engaged them fully in the conversation, distracting them and watching the rain. One care worker followed a person with the hairdryer as they did not want to sit still, to ensure their hair looked nice. Staff knew peoples' quirks and preferences. For example, what music they liked playing in their room.
- A relative told us, "When I come in, it's like coming in to Mum's house – I can go and make myself a cup of tea (with permission to go into the kitchen), or staff will make one for me. They are very helpful." Thank you cards included comments such as, "We are so grateful for your care of our dear Mum. She always enjoyed her time here" and "Every kind action was taken with gratitude. My heart grew fond of quite a few of you (staff)."

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

- Staff ensured people and their relatives were involved in making decisions about their care and people told us staff listened to them. People and all the relatives confirmed they had been fully involved in the care planning process.
- There were regular care plan reviews where people and their family could be involved.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and people were supported by staff to maintain their appearance. For example, ensuring one person was wearing their favourite fluffy socks and another person was supported to wear their pyjamas as they wished during the day. Staff ensured they knocked and waited for a response before entering peoples' rooms.
- People were supported to be independent. One person told us, "I can have a shower when I want. I just do my own thing."
- People's confidential information was stored securely in locked rooms or held securely on computers that could only be accessed by people who needed to see it.

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.

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 and their relatives gave positive feedback about the range of activities on offer. People appeared to be happy chatting with staff or reading a newspaper throughout the inspection. Some people were having an art painting session.

Activities were reviewed to ensure people enjoyed them. For example, a new personal trainer visited and the registered manager said this had gone down well saying, "People really liked it, it's different." There was bingo, quizzes and various food themed events. For example, Italian, Hawaiian and Chinese days, where people could try new foods from around the world. There were laminated themed menus, flags and fans to hold for Chinese Day. There were also charity events for Alzheimers Charity such as tea parties and topical events such as a street party outside for the Royal Wedding.

- On the day of the inspection there was a Christmas party for people, family and friends. All the staff and some relatives were dressed as elves. The registered manager and staff had made homemade raffle prizes and were organising Christmas food. Some people were being supported to write their Christmas cards.

- Films were shown in the large lounge so people could enjoy them together. People enjoyed the visiting entertainers and some trips out as there was a designated driver for the minibus shared between the providers' other homes.

- Staff recognised the importance of preventing social isolation. Several people said staff regularly took time to do chat and see them in their rooms. We discussed having a system to ensure this was documented so that people in their rooms, or those that could not use a call bell, were not missed. There were few individual activity records and the registered manager was developing these to ensure they could audit whether individuals' social needs were being met consistently.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in the care planning and review process. People's care plans gave staff the information needed to support people safely and effectively. Care plans had been regularly reviewed to ensure they remained accurate.

- Staff responded to people's requests for assistance. One person told us, "The best thing is that everyone is so friendly, I'm happy and settled". A relative said, "Staff always appear to be laughing, they are very caring and good with people and make sure they have what they need."

- Effective use was made of technology and people could access an electronic tablet to communicate with family if able. Sensors had been installed to alert staff if people who needed assistance to move got out of bed unaided.

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.

- People's individual communication needs assessed as part of a pre-admission assessment and ongoing care planning process. People who wore hearing aids or glasses were supported to wear them and information was available in large print and illustrated with pictures. A notice board helped to show people what was going on and which staff were available.

Improving care quality in response to complaints or concerns

- Complaints were managed effectively. Records showed they were documented, investigated and appropriately responded to.
- People and their relatives had access to information and guidance about making a complaint and said they felt comfortable raising concerns. A relative said, "Staff will see it through if I have concern, they are very accommodating, and easy to talk to."

End of life care and support

- No one was receiving end of life care, however, people's wishes on their end of life care, such as resuscitation, had been discussed and documented. Plans were in place to ensure people's preferences at the end of their life were met.
- Staff had relevant training to meet these needs and worked with other health professionals to ensure people's end of life care needs were effectively met.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were systems in place to monitor, assess and improve the quality and safety of service people received. Audits were comprehensive and sent on a regular basis to the provider management team. The registered manager was well-supported by the provider and senior staff. Their care liaison and mentoring report made and followed up recommendations and included advice from the local authority quality assurance team. The registered manager regularly met and engaged with managers from other provider services to share knowledge, learning and ideas.
- People, relatives, professionals involved in people's care and staff were all encouraged to give their views on the improvements they would like to see via a satisfaction survey. The results from surveys were analysed and communicated to people. Comments from the most recent survey were positive.
- CQC had been notified of all significant events which had occurred as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives had confidence in the registered manager and felt they were approachable. Relatives told us they knew who the registered manager was and found them easy to talk to. There was an open visiting policy and relatives told us of the warm welcome, tea and biscuits offered and being able to share meal time with their loved one if they wished.
- Staff were enthusiastic and positive about their work and there was a caring culture amongst the staff team, many having worked there for some years. For example, staff often visited on their days off to attend events such as the Christmas party. The management team had a good understanding of people's needs and the challenges staff faced on a day to day basis. For example, ensuring good management relating to a person whose health needs were increasing their behaviours which could be challenging for others. Staff worked well together to achieve positive outcomes for people.
- The registered manager understood their responsibilities and a culture of openness and transparency was encouraged. Where issues could have been handled better the provider and staff team had discussed learning, for example ensuring staff knew when to use on call support and improving oral care and daily record detail.

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

- People and their relatives were able to give their feedback about the service at one to one and regular

reviews, relatives and residents meetings. People were kept informed of events at the service through a newsletter full of photos.

- The registered manager listened to feedback and looked at areas for improvement. For example, increasing trips out when the weather was warmer and moving supper time earlier as that was when people started to gather in the dining room.
- People and their relatives told us management and staff were approachable, easy to talk to, they felt listened to and were able to resolve any issues raised with them.

Working in partnership with others

- Staff engaged well with other health and social care professionals to ensure people's health and wellbeing was maintained. For example, referring appropriately to occupational therapists and the falls prevention team.
- Links with the local community were being developed and the service was looking to increase trips out. The registered manager said this would be looked at further when the refurbishment was complete. However, they did try to hold events so that family, friends and past Lilacs community could visit.