Lilacs Care Ltd

The Lilacs Residential Home

Inspection report

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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

We carried out an unannounced inspection of The Lilacs Residential Home on 8 May 2017. The Lilacs Residential Home provides care and accommodation for up to 29 people who required accommodation and personal care. Nursing care can be provided through the local community nursing services if appropriate. At the time of the inspection 25 people were living at The Lilacs Residential Home and a further three people were receiving temporary respite care.

The manager was currently going through our application process to register as a registered manager with the Care Quality Commission (CQC). They were supported by a deputy manager. Both had worked at the service for many years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider, Lilacs Care Ltd, is part of Stonehaven Care Group which is a family run company providing care in seven homes throughout the South West. Each home was supported by a central support office and a director visited each home at least once a month to monitor quality standards. This is the first inspection since the new provider, Lilacs Care Ltd, registered with CQC on 16 December 2015.

At this inspection we found the service was meeting all regulatory requirements and we did not identify any concerns with the care provided to people living at the home. One relative said, "I come regularly and I can always leave knowing [person's name] is happy. The staff communicate well and the manager will ring and reassure me everything is ok."

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful way. People were able to choose what they wanted to do and enjoyed spending time with the staff who were visible and attentive. There was a lot of staff interaction and engagement with people, most of whom were living with dementia and unable to tell us directly about their experiences. They looked comfortable and happy to spend time in the large conservatory. People were encouraged and supported to maintain their independence. There was a sense of purpose as people engaged with staff, watched what was going on, played games and pottered around the home or went out into the garden with relatives. The majority of people were living with dementia and were independently mobile or required some assistance from one care worker. Staff engaged with them in ways which reflected people's individual needs and understanding, ensuring people mobilised safely from a discreet distance.

People were provided with good opportunities for activities, engagement and trips out. These were well thought out in an individual way and the manager had previously been the activity co-ordinator. They had identified that the service could improve activities by providing smaller items to touch and interact with when there was not an organised activity planned. They had resourced activity kits from a specialist dementia service and planned to add these into the day to day programme. For example, appropriate dementia focussed games, art and visual stimulation. People could choose to take part if they wished and

when some people preferred to stay in their rooms, staff checked them regularly spending one to one time with them.

People and relatives said the home was a safe place for them to live. One person was able to tell us, "The girls are all top hole! I'm a people person and I like it here." Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff were confident that any allegations made would be fully investigated to ensure people were protected. Any safeguarding concerns had been managed well with provider involvement and the service worked with the local authority safeguarding team. Relatives said they would speak with staff if they had any concerns and issues would be addressed and people seemed happy to go over to staff and indicate if they needed any assistance. Staff were vigilant about protecting each person from possible negative interactions with other people living at the home, recognising frustrations and misunderstandings between people due to them living with dementia. They used chatting and distraction techniques as they knew people well, showing patience and understanding. People and relatives knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. One relative said staff had discussed meal time arrangements with them to ensure their loved one sat with people who also required assistance with meal times. This had helped to encourage their loved one to eat more readily.

People were well cared for and relatives were involved in planning and reviewing their care as most people were not able to be involved due to living with dementia. Care plans showed that people were enabled to make smaller day to day choices such as what drink they would like or what clothes to choose. Where people had short term memory loss staff were patient in repeating choices each time and explaining what was going on and listening to people's repeated stories.

There were regular reviews of people's health, and staff responded promptly to changes in need. For example, care records showed many examples of staff identifying changes in need and appropriate and timely referrals to health professionals. One person had been referred to a community psychiatric nurse and staff had worked together resulting in the person becoming more settled and calmer around the home. Staff said, "It's been really nice as they had behaviour that was challenging and distressing before and now they can still be active, which they like, but they are not so anxious. That's good because we don't want anyone sedated." People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs. For example, one person had a sore area which had healed quickly with district nurse input and monitoring by staff.

Medicines were well managed and stored in line with national guidance. Records were completed with no gaps and there were regular audits of medication records and administration and to ensure the correct medication stock levels were in place.

Staff had good knowledge of people, including their needs and preferences. Care plans were individualised and comprehensive ensuring staff had up to date information in order to meet people's individual needs effectively. The service was in the process of transferring information to a new computer system. At the time of the inspection the previous care plan records were cumbersome with repetitive and unnecessary forms so the new system would enable staff to write less in a more meaningful way. For example, incident forms were used which could have been used with the daily record forms to bring information together in a more organised way. However, all the information about people was available, although not easy to access and there was a very stable staff team who knew people really well to be able to meet their needs. Following this inspection the deputy manager was starting to devise 'wardrobe summaries' to put discreetly in people's rooms showing important information 'at a glance'. Handover and communication between staff shifts was good so there was consistent care. The service rarely used agency staff but were able to fill vacancies if they

could not cover shifts within the staff team.

Staff were well trained and there were good opportunities for on-going training and obtaining additional qualifications. The staff team was very stable and many care staff had worked at the home for some years. They said they enjoyed the homely feel and felt they had never been so supported since the new provider took over the service. Staff clearly had good knowledge in identifying people's changing needs and providing appropriate care. Relatives said, "All the staff are pleasant and patient. They listen to any ideas I have. They are very thorough."

People's privacy was respected. Staff ensured people kept in touch with family and friends, inviting friends and family to outings and events regularly. Two relatives told us they were always made welcome and were able to visit at any time, use the quieter lounges and make hot drinks. They had particularly enjoyed a trip out on the train. People were able to see their visitors in communal areas or in private.

The manager and deputy manager showed great enthusiasm in wanting to provide the best level of care possible and valued their staff team. For example, organising staff days out raising money for a dementia charity and working together to ensure people's needs were met as well as facilitating fun opportunities for people. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people in individualised ways. During the inspection staff held a sing along with people using a printed folder of song words so they all joined in. Staff were very positive about working at the home. They had enjoyed bringing fish and chip suppers to the home, wrapping the meal in paper like a takeaway, which people had enjoyed. Staff said they saw The Lilacs as their second home and one staff member had begun their wedding celebrations at the home to ensure people living there were included.

Observations of meal times showed these to be a positive experience, with people being supported to eat a meal of their choice where they chose to eat it. Staff engaged in conversation with people and encouraged them throughout the meal, noting who liked to sit with whom. Nutritional assessments were in place and special dietary needs were catered for as well as specialist crockery and cutlery and finger foods to aid independence for people living with dementia .

There were effective quality assurance processes in place to monitor care and plan on-going improvements overseen by regular provider audits including a 'mystery visitor'. The provider mystery visitor visited the service pretending to be a relative looking for a home for their loved one and staff were assessed on their response from the first telephone to a tour of the home and follow up.

There were systems in place to share information and seek people's views about the running of the home, including relatives and stakeholders. All responses were positive from the recent quality assurance questionnaire. People's views were acted upon where possible and practical, and included those living with dementia. Their views were valued and they were able to have meaningful input into the running of the home, such as activities they would like to do, which mattered to them.

A monthly newsletter and notice board kept people up to date and organised events such as BBQs and fetes encouraged families and children to attend, with face painting and a bouncy castle. This showed that people and their families mattered to the staff, who also shared their lives, families and pets. One relative had commented on a national care home review website, "We wish to commend the senior carer as an exemplary member of staff always willing to go the extra mile and…..was genuinely and consistently kind and caring….Everyone in the Lilacs Residential Home appears to be kind and caring…..We would also like to say that both the manager and deputy manager are always available, hands on and very caring but the senior carer certainly 'stood out' when we really needed someone to take special care of our lovely mum."

The provider had acknowledged the comment showing feedback was valued.

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.

People benefitted from support from enough staff to meet their needs in a timely way.

People benefitted from well maintained and equipped accommodation in a homely environment.

People were protected from the risk of harm or abuse whilst independence was promoted in a balanced way.

People were supported with their medicines in a safe way by staff who had appropriate training.

Is the service effective?

Good

The service was effective.

People and/or their representatives were involved in their care and were cared for in accordance with their preferences and choices.

Staff had good knowledge of each person and how to meet their needs.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

People saw health and social care professionals when they needed to. This made sure they received appropriate care and treatment.

Staff ensured people's human and legal rights were protected.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect, promoting independence and maintaining people's privacy.

People and/or their representatives were consulted, listened to and their views were acted upon.

People and/or their representatives were confident their wishes related to end of life care would be followed.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which was responsive to their changing needs and met people's social and leisure needs.

People made choices about aspects of their day to day lives.

People and/or their representatives were involved in planning and reviewing their care.

People and/or their representatives shared their views on the care they received and on the home more generally.

People's experiences, concerns or complaints were used to improve the service where possible and practical.

Is the service well-led?

Good

The service was well led.

There were effective quality assurance systems in place to make sure areas for improvement were identified and addressed in a timely way.

The service took account of good practice guidelines and sought timely advice from relevant health professionals and used various resources to improve care.

There was an honest and open culture within the very stable staff team who felt well supported by management and the provider.

People benefitted from a well organised home with clear lines of accountability and responsibility within the management team.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

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 checked 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 8 May 2017. This was an unannounced inspection and was carried out by one adult social care inspector.

This was the first inspection of the service since it has registered under Lilacs Care Ltd in 2016. The provider had not completed a provider information return (PIR) as we had not requested one.

At the time of this inspection there were 28 people living at the home. During the day we spent time with all 28 people who lived at the home and three relatives. We also spoke with the manager, deputy manager, two senior care workers and two care workers, a domestic and housekeeper.

We looked at a sample of records relating to the running of the home, such as audits, quality assurance, medication records and care files relating to the care of three individuals.

Good

Is the service safe?

Our findings

The service was safe. People and relatives told us they felt the home was safe and they were well supported by staff. One person was able to tell us, "The girls are all top hole! I'm a people person and I like it here." The provider and manager had systems in place to make sure people were protected from abuse and avoidable harm. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff were confident that any allegations made would be fully investigated to ensure people were protected. Any safeguarding concerns had been managed well with provider involvement and the service worked with the local authority safeguarding team. Relatives said they would speak with staff if they had any concerns and issues would be addressed and people seemed happy to go over to staff and indicate if they needed any assistance.

Staff were vigilant about protecting each person from possible negative interactions with other people living at the home, recognising frustrations and misunderstandings between people due to them living with dementia. They used chatting and distraction techniques as they knew people well, showing patience and understanding. One relative said, "I come regularly and I can always leave knowing [person's name] is happy. The staff communicate well and the manager will ring and reassure me everything is ok." They told us they would not hesitate to report any concerns if they had any; they felt they would be listened to and action would be taken to address any issues raised. For example, they had pointed out the pathways were slimy and this had been rectified immediately. One relative told us, "I come regularly and I am always made to feel welcome like I am part of the family here. You know [person's name] is getting good care so you can go away without worrying." Most people were not able to respond directly about their experiences due to living with dementia but appeared happy and comfortable with staff and each other.

Staff encouraged and supported people to maintain their independence in a caring way. Care staff ensured they prompted people to dress themselves and assisted with ensuring people dressed in the correct order. People were wearing appropriate clothes for the weather. The balance between people's safety and their freedom/choice was well managed. Staff were visible around the home and quickly noticed if anyone was trying to mobilise on their own without waiting for help if they needed assistance. They watched one person head to the bathroom from a discreet distance and waited outside the bathroom to ensure the person was managing. Where people were at risk of recurrent urine infections which could affect their safety such as mobility, dementia and cognition, staff were vigilant in sending samples off for testing and ensuring the person had appropriate treatment to keep them safe. Records showed regular monitoring.

Risk assessments and actions for staff to take were included for risk of pressure area skin damage, falls and nutrition. For example, staff noted that one person ate better when they were in a social situation with others requiring assistance with meal times and monitored intake on a food chart, encouraging finger food. Where people required pressure relieving equipment to maintain their skin integrity, staff ensured cushions, for example, were moved with the person when they moved. No-one at the home had any skin pressure damage. One person was nursed in bed due to their condition and they were checked for re-positioning every two hours. Staff ensured the person moved in bed to minimise the risk of skin pressure damage and social isolation.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. During our inspection there was the manager, deputy manager, a senior care worker and three care workers, a cook, a domestic and a housekeeper. The home was very clean and tidy. There were no offensive odours throughout the home and rooms were fresh. Staff used personal protection equipment (PPE) when delivering care and changed aprons and gloves between rooms or when dealing with food. Staff had had training in infection control. A maintenance person was available who checked the maintenance book regularly ensuring the home was well maintained and homely. They managed the fire testing and staff said when door stoppers ran out of battery these were quickly changed.

Staffing numbers were determined by using a dependency tool, which looked at people's level of need in areas such as mobility, nutrition and maintaining continence, although these remained flexible. Staffing could be changed if required, for example if people became particularly unwell or if a person was nearing the end of their life. Most people at the time of the inspection required the assistance of one care worker, with one person using a hoist to mobilise. We saw that people received care and support in a timely manner. Care plans detailed whether people could use their call bells effectively and monitored people accordingly. Staff were attentive to people's needs, knowing them well and interpreting body language. For example, one person became agitated in the lounge and staff discreetly assisted them, ensuring they were comfortable in another quieter area and distracting them with an alternative meal of their choice.

People were protected from the risk of harm or abuse because safe recruitment procedures had been followed. We looked at the recruitment records of three staff who had been recruited since the last inspection. These showed that risks of abuse to people due to unsuitable staff were minimised because the provider carefully checked prospective new staff to make sure they were suitable to work at the home. These checks included seeking references from previous employers, photo identification and carrying out Disclosure and Barring Service (DBS) checks. These checks made sure the applicant had not been barred from working with vulnerable people, and they did not have a criminal record that indicated they were untrustworthy. The manager was adding a recruitment checklist to the files and all files were sent to the provider support office for scrutiny before an appointment was made.

All staff who gave medicines were trained by the local pharmacy and had their competency assessed before they were able to administer medication. Medication administration records detailed when the medicines were administered or refused. Medicines entering the home from the local dispensing pharmacy were recorded when received and prescriptions could be quickly faxed through from the GP and obtained from the pharmacy across the road. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We saw medicines being given to people at different times during our inspection. Staff were competent and confident in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. The care worker stayed with people whilst they took their medication at their own pace. Medicines were thoroughly audited by the manager. No-one was receiving any medicines on an 'as required' basis and the staff contacted the GP regularly to conduct medication reviews. A medicine fridge was available for medicines which needed to be stored at a low temperature such as eye drops. No-one was using this type of medication at the time of the inspection. One person was using medication which required additional secure storage and recording systems were used in the home. We saw these were stored and records kept in line with relevant legislation.

The provider had systems in place to manage emergency situations such as fire. Each person had a personal evacuation plan (PEEPS) to enable emergency services to know how to manage people. Accidents and incidents were recorded to show they were well managed and appropriate actions taken.

Good

Is the service effective?

Our findings

The service was effective. Most people who lived in the home were not able to choose what care or treatment they received due to living with dementia. The manager and staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Mental capacity assessments had been carried out to determine each person's individual ability to make decisions about their lives. Where restrictions were in place appropriate applications had been made to the local authority to deprive the person of their liberty in line with the Deprivation Of Liberty Safeguards (DoLS) set out in the Mental Capacity Act 2005. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Where people were restricted, for example by the use of bed rails, best interest decisions had been made in consultation with other people involved in their care, and the decisions had been recorded. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff were aware of the implications for people's care and had also included discussions about flu vaccinations, for example. The registered manager kept up to date with changes in legislation to protect people and acted in accordance with changes to make sure people's legal rights were promoted. Throughout the day staff demonstrated they were familiar with people's likes and dislikes and provided support according to individual wishes.

One person liked to use their mobility frame but was at high risk of falls. Staff enabled them to continue mobilising by supporting them with two care workers and encouraging the person to take bigger steps rather than shuffle. This ensured people's choice was taken into account. Two relatives had requested people had a pressure mat in their room although their risk assessment did not indicate the need. There had been a discussion and the pressure mat was just used at night to alleviate family anxiety. There were few falls at the home and there had not been any falls at the service since January. Staff said they tried to promote people's independence as much as possible, ensuring people had easy access to mobility aids, drinks, visible staff and easily accessible bathrooms and room doors painted as front doors in research based, dementia friendly colours. The manager was also planning to make collage frames of items people liked to further assist people in identifying their own rooms. During meal times people were encouraged to help themselves with staff saying, "Try holding the spoon like this", helping people put food on the cutlery or using red crockery which is known to promote recognition of meals for people living with dementia.

There was a very stable staff team at the home who had a good knowledge of people's needs. Most staff had been employed at the home for a number of years. Staff and the manager were able to tell us about how they cared for each individual to ensure they received effective care and support. For example, they told us about a story which one person repeated a lot so we could interact with the person, another care worker sat chatting to one person about their days of ballroom dancing and another spoke to a person about their previous horse riding hobby. Staff also knew when a person may display signs of agitation caused by certain triggers such as noise or the time of day. They ensured they were visible to distract the person so minimising the likelihood of distress. Another person tried to be independent in the bathroom but sometimes didn't get

all their tasks completed, staff checked the bathroom discreetly when they had left to ensure the person was wearing the correct continence aids.

Relatives also spoke of how the staff knew their needs too, treating them as part of the 'family'. For example, one relative whose loved one was receiving respite care told us how the staff tried to ensure the person moved towards a more manageable sleep routine whilst staying at the home. They had recognised the relative was kept up at night at home and the person was now more settled and orientated to time, which the relative was very grateful for as they could get a better nights sleep. Relatives spoke positively of the staff who worked in the home. Comments about staff included, "The staff are really genuine and get to know you. It's lovely here."

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. Most of the staff were qualified in the national vocational qualification (NVQ) and this was shown on their name badges. Mandatory training was detailed in the staff new employee book and included safeguarding, comprehensive manual handling, fire, infection control, health and safety and food hygiene. New staff completed a 12 week 'Skills for Care' induction (a recognised national training standard). This included working with more experienced staff for a period until each new staff member felt confident to work independently. Staff said they liked working at the home and felt they could say if there was an area of training they were interested in. External courses completed also included nutrition and diet, dementia training, dying, death and bereavement. A first aid trained person was on duty at all times. The induction pack included the code of conduct for social care workers and was clear about what was expected from staff. Policies and procedures were accessible to staff. The manager told us how they tried to ensure good quality staff through the interview and induction/probation process. For example, one care worker had not passed their probation as it was felt a care role was not for them.

There was a programme to make sure staff training was kept up to date. This was managed on a training matrix. Training due was highlighted and booked. Staff received regular one to one supervision sessions. This enabled staff to discuss career and training needs, any issues and for the manager and deputy to assess competency using a set format. Staff could access a wide variety of additional training. For example, some staff were completing a Level 2 certificate in the principles of Dementia care using a workbook with support visits from a qualified external assessor. Staff felt supported by management at the home and the provider. They commented, "It's been nice since Stonehaven took over. We are more organised and have more opportunities. We have met the director and feel valued." We heard examples of how staff with additional needs were supported in their working and personal life. Staff also completed regular 'How are we doing? Care teams questionnaires'. These asked staff how they felt the quality of care at the service was and enabled them to feedback their views as employees.

People had access to health care professionals to meet their specific needs. Records showed people attended appointments with GPs, dentists, chiropodists, district nurses and speech and language therapists. Staff made sure people saw the relevant professional if they were unwell and there were lots of recorded examples. Staff said they had a good relationship with local GP surgery and the district nurses had popped over to help even when a dressing had fallen off, for example. One person had gone out to the surgery with a care worker during the inspection for a check up. Another person was at risk of water retention in their legs so staff monitored this regularly. One person was unable to communicate verbally so staff noticed when they appeared in pain using body language. Their medication was altered and care plans showed staff felt the person was much more settled on a continuous slow dose release pain control patch. Records showed how staff were attentive to any changes such as sore skin. Staff had noticed one person's skin was reddening so they had asked a district nurse to check them over and recommend a pressure mattress, which was sourced straight away. Body maps were used to identify and monitor areas requiring topical creams or

bruises. These were not always finished to say when a sore had healed or improved which we fed back to the manager who would ensure records were made clearer.

Each person had their nutritional needs assessed and met. The home monitored people's weight in line with their nutritional assessment. Care plans included nationally recognised nutritional assessment tools to ensure staff knew who was at high risk and what action to take. The manager was going to include specifying any weight loss or gain on the charts rather than just the weight to make changes clearer. Staff told us, and the person's care records showed, that appropriate professionals had been contacted to make sure people received effective treatment. For example, staff had recognised that one person was at risk of choking on a normal diet. They had referred the person to the speech and language therapist (SALT) and the person now received a thick puree diet, presented in an attractive way, to ensure they were no longer at risk of choking. Staff followed SALT guidelines ensuring each food item was pureed separately to maintain dignity.

Everyone we spoke with was happy with the food and drinks provided in the home. Comments included, "It's nice isn't it, like a restaurant" and "The cook comes and sees us to see what we'd like. I'm having corned beef hash today." We took lunch with the 28 people eating in the lounge and dining room. The cook and staff knew what people liked to eat including their favourite foods and dislikes. Staff were able to understand what people would like by using their knowledge of their preferences in the past. One person was very agitated over the meal choice and the care worker kindly offered them an alternative, small sandwiches and encouraged them successfully to move to a quieter area to eat without distraction. There was a varied menu. At the time of the inspection people were enjoying minced beef and vegetables followed by pineapple upside down pudding and custard. People were offered their choice of drinks. Relatives were encouraged to visit over mealtime if they would like to assist and share the experience. One relative said, "They eat well and the staff are very patient helping people." People were not rushed but food was served in a timely way. Tables were set nicely with place mats and condiments. There was friendly banter between people and they were offered seconds and regular snacks throughout the day, including homemade cakes. This helped to make mealtimes pleasant, sociable events which also encouraged good nutritional intake.

People had the equipment and environment they required to meet their needs. There were grab rails and hand rails around the home to enable people to move around independently. There was a stair lift to assist people with all levels of mobility to access all areas of the home, including the garden and people had individual walking aids, wheelchairs or adapted seating to support their mobility. There were two hoists and a stand-aid available. Since Stonehaven had taken over there had been a lot of investment in the premises. All areas had been re-carpeted in plain 'dementia friendly' carpet, lounges and rooms had been re-decorated and there were new chairs and washing machine. The lift had been re-furbished and now 'spoke', for example telling people when the door was closing and what floor. There were also plans to change all the single paned windows to double glazed.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. Staff had good knowledge of each person and spoke about people in a compassionate, caring way. They were attentive, passing time with people and relatives. Relatives told us how they always felt welcomed and all staff were able to give them an update on their loved one. Large name badges showing staff roles were helpful.

One relative commented on the national care home review website, "I visit every week and there's a calm but busy homely and friendly feel, in the way it's laid out and run, in the whole staff team and amongst the residents. All staff (little turnover so great continuity of good care) develop and maintain good relationships, from laughing and chatting to offering a quiet word and touch. They let us know how Mum is and anything we need to be aware of, and we can always ask too". Another relative said, "Mum has dementia and is settled and content having joined this homely, welcoming community 16 months ago. Mum loves the garden and the living spaces that enable her to soak up the normality of the day to day homely routines, or sit quietly and have a cup of tea with visitors or go and watch a TV programme or listen to music she enjoys….in the inevitable quiet times there's usually someone to chat to or something to catch your attention and quietly observe in the day to day life of The Lilacs". Reviews all said they were 'extremely likely' to recommend The Lilacs to others. The provider also responded to each review thanking them for doing so with comments such as, "We are all really pleased to hear that you and your mum are so happy with the care being provided by our Care Team at The Lilacs. Since the Lilacs became part of the Stonehaven Care Group [changes] have gone ahead with the minimum of fuss and disruption thanks to the positive and helpful attitude of [staff name] and the rest of the care team." This showed the provider and team valued comments and cared about people in their care as well as their wider family. The Stonehaven mission statement included, 'To care the most' and 'Care for the best of your life'. One person's photograph had been used with their consent on The Lilacs brochure, with a quote from their family saying, "In January it was my mother's birthday. The Lilacs were amazing in every way. They ensured mum's hair and outfit were right and even painted her nails."

There was good end of life care. Staff were involving families in adding end of life information within the care plans as an on-going process. For example, whether people were for resuscitation, what their wishes might be and information about power of attorney and arrangements. One person's relative had commented that they had hoped their loved one could stay at The Lilacs which had not been possible due to their increased need. They had reviewed the service saying, "We had hoped he'd have ended his days at The Lilacs with its caring staff from management, carers, kitchen staff and cleaners there none better!" Staffing levels could be increased if needed to provide additional support for people at the end of their lives and most beds were specialist hospital beds appropriate for more dependent people if needed. Appropriate health care professionals and family representatives had been involved in end of life discussions.

Rooms were very personalised. Relatives said they could decorate them as people wished. The service user guide had a section on 'Making your room your own'. There was a lot of information for relatives about the first few days, encouraging relatives to be involved in healthcare appointments, excursions and participating in care planning. For example, staff were sensitive when relatives were anxious about people's care. For

some relatives staff had agreed to send them regular emails or food and fluids charts weekly to put their minds at rest. Photographs showed relatives enjoying days out with people.

Laundry was managed by night staff and was well organised with people's clothes well cared for and folded neatly, showing that staff cared about people. Some rooms opened out into the garden. One person and their family had been encouraged to take over a raised planting bed and had enjoyed buying some plants and tending to them. A cat visited from next door and people enjoyed its visits and feeding it, sitting in the sun during our inspection.

Most people were not able to tell us about their choices directly due to their dementia. Care plans contained people's preferences which gave staff a basis to work with. Staff said they could update care plans as they learnt more about people. They knew what people liked to do and their preferred routines and topics for starting conversations. Tea and biscuits was offered throughout the day including relatives. We saw staff interacting with people in a caring and professional way. Staff also enjoyed their work and told us, "If you have had a bad day, just seeing someone here smile and it's all worthwhile." There was a good rapport between people; they chatted happily between themselves and with staff. When staff assisted people they explained what they were doing first and reassured people. One person had pulled up their top. Staff noticed and went to smooth their clothes down gently to maintain their dignity.

The home had no offensive lingering odours and staff ensured people were assisted to the bathrooms discreetly to maintain their continence. Staff supported people who were in pain or anxious in a sensitive and discreet way. This included thinking about whether there may be a physical reason why someone was not behaving in their usual way. Staff told us how they regularly checked the person in their room. They were unable to communicate directly and staff said they liked hand stroking and one to one time, 'just being there'.

Good

Is the service responsive?

Our findings

The home provided good leisure and social activities that were appropriate for people living with dementia. When we arrived people were enjoying a late breakfast, chatting with staff, napping or pottering around the home and garden. Due to people choosing to spend most of the day in the communal areas, they were able to interact with visible and attentive staff and watch what was going on so there was a low risk of isolation.

All staff worked as a team to provide activities, the manager had previously been in the role of activity co-ordinator. There was an activity programme with morning and afternoon activities. For example, games, art class, chair exercises, reminiscence, films with popcorn and a sherry morning. Care staff all came together in the communal areas to join in with an afternoon sing song. The manager was sourcing some further ideas for people to be stimulated or occupied when times were quiet. For example, appropriate books and magazines, art equipment, household chores, dementia stimulation 'Twizzlers' and items for people to touch when they were not attended to by staff. They were taking suggestions from relatives and one told us they had been working with staff sharing resources and websites. The provider was trying to address the home's slow internet and there were plans to introduce more IT aids for people to use such as electronic tablets in the future. Since the home had been extended across three properties there were various areas which people could use, such as two further quiet lounges. Currently the larger one was being used for storage and staff training so the manager was in the process of deciding what was useful for people and also beneficial for staff.

The service booked a variety of regular external entertainers such as 'tranquil moments', holy communion and a singing duo. Other events had included a visit from a bird of prey sanctuary. Staff said this had been very interesting telling us about one person who never liked to join in who had loved it. The home now had regular access to a shared provider minibus known as 'the wanderer'. People and relatives had been asked where they would like to go. Trips out had included groups visiting the seaside, pub lunches or a drive. The home was close to the city centre so staff had made use of dementia friendly events such as the Alzheimer's Society cinema screenings which families had attended too. The service was a member of the national activity providers association (NAPA) which promoted meaningful activity for older people.

Each care file had a background information form which was completed with relatives if possible. The new computer system care plans had details of what social activities people liked and who was important to them. For example, staff knew when people regularly had visitors and whether people needed to be assisted to get ready to go out. People's care plans showed how they liked to be addressed and then went on to detail people's past experiences. One person liked to talk about their late husband and staff sat with them enjoying the story which they had heard before. They were interested and engaged with the person.

People received care and support that was responsive to their personal care needs because staff had good knowledge of the people who lived at the home. Staff were able to tell us detailed information about how people liked to be supported and what was important to them. People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff considered the needs of other people who lived at the home before offering a place to someone. People

were involved in discussing their needs and wishes if they were able and people's relatives also contributed.

During the inspection we read three people's care records. The service was moving to computer based care plans and this was nearly completed. Those people using paper based care plans had less person centred detail. However, the manager was aware and the majority of care plans on the computer system were completed. These support plans showed person centred language and gave good detail about exactly how staff should care for people. For example, one plan said the person was very particular about what they ate and how to encourage them effectively. Hygiene and dressing plans showed what they liked to wear and what they could do for themselves. For example, if care workers put toothpaste on the brush they could manage themselves. Night plans showed how people liked to sleep and when with details such as leave the bedside light on, routines and whether they could or would use a call bell.

Staff at the home responded to people's changing needs. For example, staff recognised when people were not eating so well, were not themselves or had a sore place on their skin. No-one at the home had any wounds or pressure sores at the time of our inspection. The paper daily records were not reflective of the care plan but an incident record contained more information as did other monitoring records. The manager recognised the paper work was not well organised and repetitive but we found all the information staff needed was there. We spoke to all staff who were very knowledgeable about people's needs including the housekeeping staff. The manager said the computer system would help free up time as current paper care plans contained unnecessary recording and daily records were not kept with the care plans. The manager was rectifying this until the computer system was fully ready for use. Staff referred people to appropriate health professionals in a timely way. For example, in relation to chiropody, eye care and to the district nurses or GP. Staff used clear body maps to monitor people's skin and to show why and where topical creams were required. Some body maps were not signed off to say the issue had resolved which the manager was addressing. The new wardrobe summaries of care would also further inform staff. There were regular reviews of people's health. Each person had a 'hospital passport'. This was intended to be given to external health professionals/paramedics so they would know how to respond to people's care for consistently. These were basic and the manager was starting to ensure they were more person centred and gave meaningful information as they completed the computer system care plans.

Most people were unable to be directly involved in their care planning but relatives were able to be involved if they wished. The two relatives we met said they did not remember seeing the care plans but did not feel they needed to as they were able to chat to staff or the manager/provider at any time anyway. However, the opportunity was there and the computer system would enable relatives to sign care plans initially and in reviews if they wished. People and their representatives said they would not hesitate in speaking with staff if they had any concerns. People and their representatives knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. There had been one complaint made through CQC, which had been managed well and shared with the provider. Issues were taken seriously and responded to in line with the provider's policy.

Good

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. Both managers had worked at the home for some years, the deputy previously working as the manager. The manager and deputy manager were well supported by the provider support office. They said they had never been so well supported and were able to contact the director at any time. They were able to make decisions about purchasing items for the benefit of people in their care. For example, art equipment and they were considering a pet for the home. The providers visited the home regularly, informally and conducting quality assurance visits and 'mystery visitor' reports. There was also a mentor process where the managers could gain support with employment issues such as disciplinary processes and absences.

People and relatives spoken with during the inspection described the management of the home as open and approachable. People were comfortable and relaxed with the management team who clearly knew them and their family well. Relatives said they were happy to talk to management and all the staff at any time and could not fault the care. One relative had commented when the previous manager had stepped down as manager through personal choice to become deputy manager, "Your extremely sensible and sensitive approach [on dementia] and the future is something I will never forget and which I found totally impressive. I am always impressed by the attention that your staff give to the clients and by the warm welcome I receive." Another relative had recently sent a letter to staff saying, "They were very difficult times and your kindness to [person's name] and to me made an enormous difference and cheered our lives." Relatives clearly valued staff at The Lilacs, one family brought small sweet gifts from a trip abroad, and feeling 'part of the family'. One relative was particular happy to be able to have a "proper respite break". These relationships worked two ways with staff sharing their lives with people and their relatives, such as holding part of their wedding celebration at the home and organising charity events outside of work for the benefit of people.

The managers and staff showed enthusiasm in wanting to provide the best level of care possible and this showed in the individualised way they cared for people and their families. For example, recognising and addressing family anxieties and finding ways to alleviate this with more regular communication by email, for example. People and relatives had lots of communication about the home such as user friendly service user guide and home's statement of purpose, newsletters and notice boards. There were systems in place to share information and seek people's views about the running of the home. A recent quality assurance survey had been completed. Comments were all very positive.

The managers had an open door policy and they were available to relatives, people using the service and health professionals. A photo board in a pretty frame to maintain a homely feel showed visitors and people who staff were. The managers kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area and attending regular managers meetings with other Stonehaven Group managers. One staff member said, "It's great here. I love it even though I've been here donkeys years." Another care worker said, "It's lovely here. Just a big family. It's been nice since Stonehaven took over, more organised and opportunity to give our ideas." Staff received regular supervision support,

completed employee quality surveys and were regularly listened to and consulted.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care including medication audits, care plans audits and falls. All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. For example, where people had fallen individual risk assessments were reviewed and preventative measures taken. There were very few falls. Therefore the falls monthly overview had not been done for three months as there had been no falls. The manager assured us they would continue this audit. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

The home had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.