

Country Retirement & Nursing Homes Ltd Lilac Lodge & Lavender Cottage

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

Lilac Lodge and Lavender Cottage is a residential care home registered to provide care to 34 older people, some of whom may be living with dementia. The service is split between two buildings, with eight people being accommodated in one smaller building and 26 people accommodated in the larger building.

At the last inspection on 2 February 2016, we asked the provider to take action to make improvements (for example to staffing levels), and this action has been completed.

People and their relatives told us they felt safe living in the service. Improvements had been made so that risks to people were appropriately planned for and managed. Medicines were managed, stored and administered safely.

People told us there were enough competent staff to provide them with support when they needed it. We observed that improvements had been made to the numbers of staff available to support people.

Staff had received appropriate training, support and development to carry out their role effectively. Staff were given opportunities to feedback their views on the service and make suggestions.

People received appropriate support to maintain healthy nutrition and hydration.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us staff treated them with kindness and upheld their right to dignity and respect. This was confirmed by our observations. People and their relatives were given the opportunity to feed back on the service and their views were acted on.

Staff knew people individually and were aware of their preferences. Further personalisation of new care records being implemented is required.

People were given appropriate support and encouragement to access meaningful activities and follow their individual interests. Improvements to the provision of activities were being made.

People and their relatives told us they knew how to complain and were confident they would be listened to if they wished to make a complaint.

The manager and senior management team worked hard to create an open, transparent and inclusive atmosphere within the service. People, relatives and staff were invited to take part in discussions around shaping the future of the service.

There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

Further information is in the detailed findings below.

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.

Plans were in place to protect people from potential risks.

There were enough staff to provide people with support.

Medicines were managed, stored and administered safely.

Is the service effective?

Good ●

The service was effective.

The service was acting in accordance with the principles of MCA and DoLS.

Staff had appropriate support, training and development to carry out their role.

People were supported to maintain healthy nutrition and hydration.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring towards people.

People were supported to remain as independent as possible.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Staff were aware of people's preferences and provided them with individualised care.

New care records required further personalisation.

People were supported to feedback their views and knew how to

make complaints.

People had access to meaningful activity.

Is the service well-led?

The service was well-led.

The manager had made and sustained improvements to the service since our previous inspection.

There was a robust quality assurance system in place.

People, relatives and staff were asked for their views on the service.

There was an open, honest and transparent atmosphere in the service.

Good ●

Lilac Lodge & Lavender Cottage

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 comprehensive inspection was carried out by one inspector and an Expert by Experience on 18 September 2017 and was unannounced. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the contents of notifications received by the service and the Provider Information Return (PIR) provided to us by the manager. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we spoke with seven people using the service, five relatives, three care staff, the registered manager, deputy manager, the operations manager and the service quality manager.

We reviewed six care records, three staff personnel files and records relating to the management of the service. 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.

Is the service safe?

Our findings

At our last inspection on 2 February 2016 we rated the service 'requires improvement' in this area. We found the service was in breach of regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the service was no longer in breach of any regulations. The rating in this key question is now 'good'.

At the last inspection we found that some areas of the service and some equipment required cleaning to prevent the spread of infection. This constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the service and equipment was clean. A cleaning audit had been implemented to identify any areas for improvement.

During our last inspection we identified that there were not enough staff to meet people's needs. This constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made to the staffing level and the way staff were deployed between the two buildings.

People told us and we observed that there were enough staff to meet their needs. One person said, "The staff are very good at coming to help you when you need support." Another commented, "They are always pretty good at coming quickly if I need help." A relative commented, "There is always someone around if she needs any help and they are quick to notice [if help is required]."

We observed that people received support from staff at the time they needed it. There was a calm and more relaxed atmosphere within the service because staff were not rushing their care duties due to lack of available time. We observed that staff had time to spend with people on an individual basis, and had time to respond to people's distress or anxieties.

Staff told us that the staffing levels had improved since our last inspection and that they felt it was now appropriate to the needs of people using the service. The manager was continually reviewing the staffing level and assessing the dependency of people using the service to ensure the staffing level remained appropriate.

The service practiced safe recruitment procedures. These included ensuring that staff had the appropriate background, training and characteristics for the role.

People told us they felt safe living in the service. One person said, "Yes I do feel very safe here and have no concerns about anything." Another person told us, "I do feel safe here. If I didn't then I would soon let them know." One other person commented, "Yes I do feel safe here." A relative commented, "We feel our [relative] is very safe here. [Relative] doesn't have any concerns as it's just right for her here."

There were systems in place to minimise the risk of avoidable harm. Staff had training in safeguarding people from abuse and demonstrated a good understanding of this when speaking with us. They were aware of how to recognise and report abuse.

We observed staff taking action to minimise the risks to people. For example, one staff member saw a person mobilising without their walking frame and encouraged them to use this. This meant that we were assured staff knew how to recognise risks and took practical action to minimise these.

Improvements had been made to the risk assessments for people using the service. These now set out in detail the nature of the risk, how the risk could occur and what action staff needed to take to protect the person. Records demonstrated that new risks were quickly identified and acted upon by the management of the service. For example, we saw records which demonstrated that where one person began to fall regularly, support from external health professionals was obtained quickly.

Where risks had been identified through assessment, we saw that care plans were put in place to instruct staff on how to provide the person with safe care. A new care plan system was being implemented at the time of our visit and some work was still required to ensure that staff could quickly find the most relevant information on how to care for people.

There was a system in place for analysing incidents and accidents. The manager told us that incidents were highlighted to them when they logged onto their computer each morning, so they would be made aware of any incidents that occurred whilst they were not at the service. Records demonstrated that incidents and accidents were analysed for trends and action was taken to reduce the risk of repeat incidents.

People told us they received their medicines when they needed them. One person said, "They always make sure I take my tablets." Another person told us, "They always make sure that I take my tablets and they won't leave until I have taken them." A relative said, "[Relative] always gets their tablets and they make sure they take them as they have a little difficulty swallowing."

Medicines were managed, stored and administered safely. We reviewed Medicine Administration Records (MAR) and stock balance sheets and found there were no gaps in these. We audited boxed medications and found that the number of tablets in these boxes matched with the MAR charts and stock balance sheets. This reassured us that people were receiving their medicines in accordance with the instructions of the prescriber.

Where people were prescribed 'as and when' (PRN) medicines, we saw that appropriate protocols were in place to advise staff on the administration of these medicines. These included information for staff about the purpose of the medicine and when it could be administered.

The manager told us that they would shortly be implementing a new electronic medicines administration system. The staff we spoke with were positive about this and the service quality manager said it had been piloted successfully in other services. We were told that the system reduces the risk of mistakes in medicines administration. Staff were receiving training on this system shortly after our inspection.

Is the service effective?

Our findings

At our last inspection on 2 February 2016 we rated the service 'requires improvement' in this area. At this inspection we found that the service had made sufficient improvements and was now 'good' in this area.

People told us they thought the staff were well trained. One person said, "I do think they are well trained and know what they are doing." Another person commented, "The staff here certainly know what they are doing." One other person told us, "Yes, they certainly know what they are doing." A relative told us, "Oh yes they are very well trained. The deputy is very good and knows exactly what to do."

We reviewed the training matrix for the service and this demonstrated that staff were up to date in the organisations mandatory training such as first aid, food hygiene, manual handling, Mental Capacity Act, health and safety, safeguarding and fire safety. Staff were shortly going to receive training in caring for people living with dementia.

Staff told us that they had the training and support they needed to carry out their role effectively. They told us the registered and deputy manager were supportive professionally and personally. They told us they felt able to go to the managers for advice or guidance whenever needed and were confident that anything they told them would be acted upon. Staff told us they had regular supervision sessions with their manager where they could share concerns and talk about training and development in their role. We reviewed the supervision matrix for the service which demonstrated staff had these sessions regularly.

Staff told us and records demonstrated that they had an annual appraisal. This was focused around setting goals and targets for the coming year and on developing the skills of the staff team.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us that staff asked for their consent before providing them with support. One person said, "The [staff] always ask me if I am happy with what they are doing." A relative told us, "They always ask my [relative] if it's alright for [staff] to do things for them."

People's capacity to make decisions was assessed appropriately and care plans reflected what decisions they could make independently. Best interests decisions were made in accordance with the Mental Capacity Act where people could not make these themselves.

The manager had ensured that DoLS applications had been made to the local authority where appropriate. Authorised applications had been reviewed when needed. This reassured us that people did not have their liberties unlawfully restricted.

Staff demonstrated to us they understood MCA and DoLS and how this applied to the people they supported. We observed that staff encouraged people to make decisions independently, such as decisions about where they would like to sit or what they would like to eat. Observations confirmed that staff asked people for their consent before they began supporting them with tasks.

Where people were unable to verbally communicate, we observed that staff encouraged them to make decisions in other ways. For example, we observed staff bringing two meal options to one person so they could make a visual choice.

People told us meals they received were good quality and they had a choice of meals. One person said, "The food is brilliant here and I really enjoy it. There is also a good choice and if you don't like what's on offer they will make you something else." Another person told us, "I have a special diet and they try to make sure I get a choice and they are good at providing that." One other person commented, "The food is very good here." A relative said, "[Relative] likes the food but has trouble swallowing and [staff] make sure that [relative] gets food they can eat."

The support people required to maintain healthy nutrition was clearly set out within their care records. People's risk of malnutrition was assessed regularly and records demonstrated that action was taken where this risk increased. For example, the service had referred a number of people to a dietician for specialist advice. The advice they had received from the dietician was included in their care plans and we saw that the kitchen staff were following this advice. For example, they were ensuring people's food was fortified to boost their calorific intake.

Observations demonstrated that people were given the practical support they needed to eat at meal times. Staff ate alongside people, which meant they were able to quickly identify where people needed help with their meals.

People were provided with appropriate equipment to enable them to eat independently, such as adapted cutlery and crockery. When staff were supporting people to eat, they encouraged people to do as much as possible independently. For example, we observed a staff member placing food onto a fork and then helping the person put this in their mouth independently. This ensured people were supported to retain the skills they still had and reduced the risk of them being over supported.

We observed that people were encouraged to have a drink regularly by staff. The fluid intake of everyone using the service was recorded and we saw that people's intake was consistently good. This protected them from the risks of dehydration and reduced the risk of urinary tract infections.

People told us they could have input from other health professionals such as GP's whenever they needed it. One person said, "I get to see the doctor whenever I want to." Another person told us, "I see a doctor whenever I want and the district nurse comes round." One other person commented, "I can see a doctor if I need to." A relative said, "Access to the GPs' is pretty good and the staff will soon call them out if they have a concern."

Records demonstrated that staff and the manager were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. Records were kept of visits people had from other health professionals and the outcome of these visits.

Is the service caring?

Our findings

At our last inspection on 2 February 2016 we rated the service 'good' in this area. At this inspection the service remains 'good' in this area.

Some improvements were required to demonstrate how people and other appropriate individuals were involved in the planning of care. People and relatives we spoke with were unsure of whether they had been involved in care planning. One person said, "I can't remember the plan at the start but I think my sisters did it." Another person commented, "I can't remember any sort of planning." A relative told us, "I can't remember the original planning and we have not had a conversation about my [relatives] care plan." Further work was required to ensure the views of people and other appropriate individuals were reflected in their care records. The manager told us that they were in the process of rewriting care plans with the involvement of people and their relatives.

People told us that staff were kind and caring towards them. One person said "The carers I get are very good. Nothing is too much trouble for them. They are always respectful and speak nicely to me." Another person told us, "The staff are polite." One other person commented, "I think they are caring." A relative said, "The staff are all very kind to [relative]." Another relative told us, "The [staff] here are very caring and they are all so polite."

We observed that staff engaged with people in a thoughtful and considerate way. For example, one person was frequently becoming distressed and we saw that staff responded to their distress quickly. They comforted the person with reassuring touch and spent time with them to alleviate their distress. We saw this had a positive impact on the person.

We observed that staff showed a genuine interest in people and their daily lives. We heard one staff member talking with a person about their trip out the day before. Another staff member was talking with one person about their hobby, and said they would bring them some materials for it when they next came on shift.

It was clear from our observations that staff knew people very well. This extended to the registered manager, deputy manager, service quality manager and operations manager. We observed that people knew all the managers by name and that the managers took time to speak with them during our inspection.

We observed that staff upheld people's right to privacy and dignity. For example, we observed them encouraging one person to go to their bedroom and change their clothes as these had become soiled. We saw that personal care was delivered in private and discussions about people's care needs were discreet.

People were encouraged by staff to remain independent and complete as many tasks as possible. Care records set out what support they required and what tasks they could complete themselves. This reduced the risk of people being over supported and losing the skills they still have.

Is the service responsive?

Our findings

At our last inspection on 2 February 2016 we rated the service 'requires improvement' in this area. At this inspection we found that the service had made sufficient improvements and were now 'good' in this area.

People told us staff knew them well. One person said, "The [staff] here seem to know what I like and what I don't like. They know I like to spend the morning in my chair relaxing." Another person told us, "They certainly know what I like and don't like." Another person commented, "They know exactly how I like things done. They know what I want to drink and what I like to eat and when." A relative said, "I think they know what she likes and always try to keep her happy." Another relative told us, "They do seem to understand how my mother likes things done."

At the time of our visit care plans were being transferred to a new electronic system. All care staff now had a small tablet computer where they could input information about care they had delivered at the time they delivered it. This was positive in ensuring that records were kept up to date. We observed staff updating records throughout the day and saw that this electronic system meant they were able to do this whilst sitting with people. This was particularly helpful for one person who was frequently distressed and was reassured by having staff sitting next to them.

Some improvements were still required to further personalise people's care records on the new system. Information such as how people liked their care delivered and their preferences were not yet documented in sufficient detail on the system. However, staff we spoke with knew of people's needs and individual preferences in detail. This reassured us that people received the care they needed in an individualised way.

Further work was needed to ensure that sufficient life histories were available on the new system for people living with dementia. Plans were in place to work with families to document people's past experiences. Staff we spoke with were aware of people's past histories and how these may influence their behaviour.

We observed that improvements had been made to the activities and sources of engagement available to people. A new member of activities staff had been recruited and we observed they had a positive impact on people. They engaged people on both an individual and communal level. We observed that they also attempted to engage and orientate people with limited verbal communication in a way they understood. People were supported to follow their individual interests and hobbies. One person said, "They always make sure I have plenty of knitting wool to keep me occupied."

The registered manager told us that a second member of activities staff had been recruited and was starting shortly. We were told this meant that a member of activities staff would be available seven days a week to engage people in activity. This reassured us that action was being taken to reduce the risk of social isolation and boredom.

People told us they knew how to make complaints and felt these would be acted upon. One person said, "I

have no complaints, everything is just right for me." One relative said, "We have no complaints and they replaced clothes that were damaged in the wash with no fuss at all." Another relative told us, "We have no complaints with the service."

We reviewed the records of two complaints that had been made and saw that appropriate investigations had been carried out. Action had been taken following these complaints and the complainants were happy with the outcome.

Is the service well-led?

Our findings

At our last inspection on 2 February 2016 we rated the service 'requires improvement' in this area. At this inspection we found that the service had made sufficient improvements and were now 'good' in this area.

During our last inspection we identified that there were widespread quality issues in the service. We found the service was in breach of regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The manager had just started working for the service at the time of this inspection and had implemented a detailed action plan with the support of the directors.

Significant improvements have been made since this inspection and the service is no longer in breach of any regulations.

People made positive comments about the registered manager and deputy manager. One person said, "The manager and her deputy are very helpful and nothing is too much trouble." A relative told us, "The management are very helpful and everything we have asked of them they have done." Another relative commented, "The manager is very helpful and will always try and make it happen."

The registered manager promoted a positive, transparent and inclusive culture within the service. We observed that they were visible in the service and provided support and guidance to staff. We observed them providing help to staff at busy times, such as meal times, to ensure that people received their meals as quickly as possible. Staff told us that the manager and deputy manager were always available to help and spent a lot of time in communal areas with people and the staff. It was clear from our observations that the managers knew people individually and we observed them speaking with people about their individual hobbies and interests.

The registered manager actively sought the feedback of people using the service, relatives and staff. We reviewed the results of the most recent survey of the views of people using the service and staff. People made positive comments about the service, as did staff. However, both people and staff felt that improvements could be made to activities. We saw that these comments had been acted on by the manager who had recruited new activities staff. Staff and people using the service said the provision of activities had been improved since. This assured us that people's comments were acted on.

Staff had the opportunity to feed back their views on the service in regular meetings. We reviewed the minutes of the most recent meeting and saw that training, development and people's needs were discussed with staff. Additionally, a shortfall in staff practice around the laundry had been identified and this was addressed with staff to improve practice.

Regular meetings were held for people using the service and relatives, which gave them another opportunity to express their views and make suggestions. The minutes of the most recent meeting showed that suggestions had been made about upcoming events. Some of these events had taken place by the time of

our inspection, which showed that people's suggestions were acted on.

The registered manager maintained links with the community and other care services owned by the provider. They met regularly with other managers to discuss best practice and keep up to date with changes. They attended link meetings such as the dignity forum and infection control meetings which meant they were kept up to date with current best practice.

There was a robust quality assurance system in place at the service which records demonstrated was capable of identifying shortfalls.

The regional director completed a monthly audit of the service. This included checks on medicines administration, staff files, care records, staffing, environment and safety. Records demonstrated that the most recent visit had identified some missed signatures on Medicine Administration Records (MAR). We saw that clear action had been taken to improve the practice of staff and there were no missed signatures identified during our inspection.

The registered manager carried out a regular programme of audits to assess the quality of the service. This included observing staff practice, checks on infection control and the administration of medicines. Where areas for improvement had been identified, records clearly demonstrated what action had been taken. This reassured us that the registered manager was proactive in ensuring the development of the service.

The registered manager had an action plan in place which detailed the improvements they intended to make to the service. This included rolling out new dementia training to staff, the implementation of a new medicines system and the development of the staff team. This assured us that the manager was committed to the continual development of the service.