

Compassionate Care Home Ltd

Lavender Lodge

Inspection report

32 Mill Road
Worthing
West Sussex
BN11 5DR

Tel: 01903249252

Date of inspection visit:
17 February 2022

Date of publication:
05 July 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lavender Lodge is a residential care home providing accommodation and personal care for up to 20 people. At the time of our inspection 20 people were using the service, the majority of whom were living with dementia.

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

People told us they felt safe living at the home. There was no dedicated housekeeping staff employed at the time of the inspection, and care staff could work additional hours to undertake cleaning. A relative observed that when they visited some parts of the home required vacuuming, and toilets were not cleaned thoroughly. Medicines were not always managed safely. Some medicines which should have been discarded were still being stored. Medicines that were required to be stored securely were not managed safely. A small lounge was cluttered with cardboard boxes, PPE, and a Hoover. People were prevented from using the room to its full extent.

Auditing systems were not sufficiently robust to identify areas in need of improvement. Care plans lacked detail about people's support needs and guidance for staff. The rating of requires improvement awarded at the last inspection undertaken in September 2021 was not on display at the home. The provider's website showed the rating of good from an inspection undertaken in February 2018 which was not current. Information was inaccurate and misleading. No formal feedback had been obtained from people or their relatives about their views of the home.

People were supported to have maximum 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.

Staff were caring and kind with people. People were treated with dignity and respect. There were sufficient staff to meet people's needs.

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

Rating at last inspection and update and update

The last rating for this service was requires improvement, report published 22 November 2021. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 21 September 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, caring and well led.

The inspection was prompted in part due to information we had received about the service, including cleanliness of the home, and management arrangements. A decision was made for us to inspect and examine those risks.

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

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this report. You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lavender Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations

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

We have identified breaches in relation to medicines management, risks to people, care planning, auditing systems, and display of ratings. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lavender Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

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

The service had a manager who was going to apply to register with the Care Quality Commission. This means that when they are registered, 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 information we had received about the service which included concerns raised anonymously and sent to CQC. The provider was not asked to complete a provider information return prior to this

inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people and a relative about their experience 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. We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We also spoke with another representative of the provider, operations manager, manager, and two care staff.

We reviewed a range of records including five care plans and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the provider's environment audit, accidents and incidents, medication audit, business continuity plan, staff meeting minutes, and policies for safeguarding, whistleblowing, medicines management, COVID-19 and infection control.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

At our last inspection, the provider had failed to ensure that systems were effective in preventing and controlling the risk and spread of infection. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Actions had been taken following the last inspection and some improvements had been made to the standard of cleaning. Staff undertook lateral flow device tests and went into the home after a negative result was confirmed. Staff used PPE safely and routinely sanitised their hands. However, we found a new breach of Regulation 12 with regard to the management of medicines.

- The inspection was prompted in part due to concerns raised by whistle-blowers in relation to the management of the risk of infection.
 - We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was no dedicated housekeeping staff employed at the home at the time of the inspection. Care staff could work additional hours and undertake cleaning around the home. The manager told us a new cleaner was due to commence employment the following week. A relative told us, "[Named person] room has needed hoovering and I've noticed toilets have been stained and dirty". We observed cleaning was not undertaken to a high standard, for example, a toilet pan in a bathroom next to the dining area was in need of a thorough clean.
 - We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach.

Visiting arrangements at the home were in accordance with current government guidance. Relatives could visit by appointment and were required to complete a lateral flow device test, then receive a negative result, before being allowed into the home. Temperature checks were completed and PPE was provided.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. The manager told us that all staff had received vaccinations, but had no documentary evidence to support this. They added that staff had been asked to provide confirmation of their vaccination status and this was in progress.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were not always managed safely.
- Some medicines were not stored in line with manufacturers' instructions or according to the provider's medicines policy.
- One person's eyedrops did not have the date of opening recorded on the packaging. The instructions for the eyedrops stated, 'Discard 4 weeks after opening'. However, since no date of opening had been recorded, the eyedrops could have been open for longer than the four weeks' recommended. At least six medicines that we looked at did not show the date when they were opened. This put people at risk of receiving medicines that were out of date and should have been discarded.
- Medicines requiring secure storage and which should have been disposed of safely were still stored in the medicines cupboard. These were for three people who had passed away several weeks previously.
- One medicine securely stored should have been entered on the register, but had not been recorded. There was no record of how this medicine had been safely administered, or how much of this medicine was in stock.
- Risks to people were not always managed safely.
- We saw a radiator had been switched on in the front lounge and had been placed directly next to one person. The radiator felt very hot to the touch and could have caused injury if the person had come into contact with it. This risk had not been assessed by staff. We immediately brought this to the attention of a member of staff, who then moved the radiator out of reach and turned down the thermostat. The main radiator in the front lounge felt cold to the touch, although staff told us it was working properly.
- In a small lounge, known as the sensory room, we found items that had been delivered in large cardboard boxes, including PPE, whiteboards, and a Hoover. These items took up a large floor area of the lounge and prevented people from using the room to its full extent. They were potentially a trip hazard for people as they moved around the room. A staff member told us room was often used when boxes were delivered, and that this would be cleared daily. However, the boxes had not been removed by the end of the day when we inspected.
- A bottle of shampoo and stocks of liquid soap were not stored securely in a downstairs bathroom that was in use by people, and posed a risk if people used them inappropriately.

The provider had failed to ensure medicines and risks to people were managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed a staff member administering medicines to people and this was undertaken in line with good practice guidelines. One person told us, "I do have medicines now and again and staff help me with it".
- Where medicines were to be given covertly, that is without the person's knowledge, best interests decisions were made and recorded appropriately.
- After the inspection, the provider arranged for an audit of medicines to be undertaken, and a copy of this

was sent to CQC.

- After the inspection, we were informed that the shampoo and liquid soap had been removed from the downstairs bathroom.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- One person told us, "I like it here and I feel safe. I've got someone I can speak to and ask".
- Staff had completed safeguarding training and described what action they would take if they had any concerns. One staff member said, "I've had no experience of abuse. I have reported things like unexplained bruising before, and it has been acted upon". Another staff member told us, "If I came to work and I saw something that didn't look right, I would report it straight away, or I could report it straight to the safeguarding people".
- The provider had a safeguarding policy and guidance was available for staff to follow.

Staffing and recruitment

- There were sufficient staff to support people safely.
- The manager told us they were in the process of recruiting staff to fill vacancies. Staff felt there were enough staff on duty. One staff member said, "Sometimes we're short-staffed because staff go off sick, but we have a good team. I don't feel we ever struggle and residents get what they need".
- Care staff endeavoured to provide activities for people during the day. One staff member explained, "We have had extra staff in the afternoons to provide activities. We try and do group activities, music at lunchtime and have a singsong. We're planning on doing more activities, like food tasting from different countries. Lots of things are planned".
- New staff were recruited safely. All necessary checks were completed, including with the Disclosure and Barring Service to identify whether anyone had a criminal record, two references and verification of employment histories.

Learning lessons when things go wrong

- The operations manager explained how improvements had been made when things went wrong. They said, "There's been a big focus on engagement and improved communication between management and the team. It's real 'touchpoint' management, about checking with staff if everything is okay, being available to talk, it's all improved".

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect..

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated well and in line with their needs and preferences. However, the provider had not ensured the home provided a high standard of care with regard to the cleanliness, access to the sensory room, and other concerns that we have written about in the Safe and Well Led sections of this report.
- The manager told us of two people whose first language was not English. We observed staff were patient in their approach with people and communicated in a way they could understand.
- One person's eyesight had deteriorated, and staff met with the person's family to talk about adjustments that could be made to make their life more comfortable. For example, this person struggled to eat independently using cutlery, so staff would sit and provide encouragement, with support if needed. Provision of finger buffet type foods meant the person could eat without any assistance being required.
- A person who used to attend church each week had been prevented from doing so during lockdown; staff told us they were hoping arrangements could be made so this person could start to attend church again and meet with their friends.
- People were treated with dignity and respect.
- We observed staff knocked on people's bedroom doors before entering. One staff member said, "In the morning, I knock on people's doors, but people might not want me to come in and so I wait. If people are asleep and it seems they need assistance with their continence for example, I would gently wake them, with a touch on the arm. I take as long as is needed. I always make sure the door is shut, windows and curtains are drawn".

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

- People were encouraged to express their views and to be involved in decisions about their care.
- We observed staff asking people for permission before intervening with any aspect of their care. One staff member explained that if people refused personal care, they would leave the room and ask another member of care staff for assistance. They said, "Sometimes a change of face can make a difference; we might have to wait a bit longer and use a different approach".
- One person liked to choose what clothes to wear, so staff would help them to select items from their wardrobe each day.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the last inspection, staff did not always deliver care in a personalised way. One person was awoken by staff early in the morning and had become distressed and anxious. Staff had not been sensitive to this person's needs or recognised how tired they had been.
- Notices were on display revealing whether people had a 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) in place. This was confidential information about the person and should not have been on display.
- At this inspection, actions had been taken and improvements were made. Staff were attentive and sensitive to people's needs. Confidential information had been removed from people's bedroom doors.
- When asked about their understanding of person-centred care, one staff member said, "It's about people's preferences, what they would like throughout the day, protecting people's privacy, and making sure they are cared for".
- The manager explained their understanding of duty of candour and said, "It's about being open and honest, put your hands up to any mistakes you've made. I would ask for advice as and when required".

Continuous learning and improving care

- Systems were not sufficiently robust to monitor the care delivered or the service overall.
- There was no formal feedback from people, their relatives or staff; the management team was aware of this and told us this was, "Something to think about and to be organised soon".
- Medicines had not been audited since November 2021 when the last manager had left the service. Issues with the management of medicines found at this inspection had not been identified or known until we reported these to the management team.
- Within two care plans, there was no record of a pre-assessment, of people's identified care needs and how these would be supported. The manager told us that pre-assessments had been completed, but not uploaded to the electronic care planning system.
- Information within care plans for people who had recently moved into the home lacked detail. For example, in one person's care plan there was no pre-assessment, no information about their mental health needs, no assessment of their moving and handling needs, falls risk, oral health or dementia. In another person's care plan, there was a lack of information about their mental capacity, personal history, preferences or outcomes.

- During feedback at the end of the inspection, it was acknowledged that care plans needed to be updated.
- After the inspection, we were provided with a copy of an environment audit, but this only covered maintenance required in bedrooms, and not in other parts of the home.

The provider had failed to implement systems to assess, monitor and improve the quality and safety of the service, or effectively mitigate risks to people. Feedback had not been obtained on the services provided, for evaluation and to drive improvement. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a maintenance book in which any work required was logged. This was then acted upon by a member of the maintenance staff who came in weekly.
- After the inspection we were sent the log of accidents and incidents, the business continuity plan, and minutes of staff meetings held in February 2022.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The last manager had left the service and de-registered with CQC. The current manager had only stepped in to the managerial post two weeks before the inspection and was hoping to register with the Commission. The manager told us they received support from other managers of the provider and from the operations manager. They said, "There's a lot to learn and lots to change".
- The most recent rating awarded by the Commission at the last inspection was not on display at the home. On the provider's website for Lavender Lodge, it displays a rating of 'Good'. The rating of 'Good' relates to the inspection undertaken in February 2018. Only when the icon 'See the report' is pressed, does the website reveal the latest inspection findings and the rating of Requires Improvement.
- Information relating to Lavender Lodge on the website states, 'We're all good! We're proud to be rated Good by CQC across all the categories'. This is misleading and inaccurate information.

The provider had failed to ensure the latest rating was on display at the premises. The rating on display on the provider's website was inaccurate. This is a breach of Regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We asked a member of the management team why the latest inspection rating was not on display. They told us this was an oversight, and the rating was put on display by the front door by the end of the day of inspection.

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

- People and their relatives were not formally asked for their views about the home. However, people or staff could post any comments in a suggestion box near the front door.
- People's communication needs were met according to their preferences. One person was non-verbal, so staff were able to read their body language to understand what they were trying to communicate. Improved ways of communicating were being explored, such as the use of picture cards.
- A relative provided some feedback about the home. They told us, "Staff have been really lovely. The décor is a bit tired and needs some maintenance. But [named person] seems relaxed and she's safe at the home".
- Staff told us that since the new manager came into post, they felt more settled working at the home. A member of the management team said, "We're rebuilding now and getting things done. The team are becoming more accountable and [named manager] will pop in outside of working hours and cover shifts if

there are any absences. My feeling is that we're in a very different place". A member of staff said, "When I first started here there were a few issues, but now we have another manager, it feels like we're getting there, and I enjoy working with the residents".

Working in partnership with others

- The new manager was developing relationships with local authority contacts and managers of the provider's other homes.
- The manager said that they spoke regularly with the placement team at West Sussex County Council, social workers and relatives. They had contact with the dementia crisis team and with the local medical practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure medicines and risks to people were managed safely.</p> <p>Regulation 12(1) (2)(a)(b)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to implement systems to assess, monitor and improve the quality and safety of the service, or effectively mitigate risks to people. Feedback had not been obtained on the services provided, for evaluation and to drive improvement.</p> <p>Regulation 17 (1) (2)(a)(b)(c)(e)(f)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The provider had failed to ensure the latest rating was on display at the premises. The rating on display on the provider's website was inaccurate.</p> <p>Regulation 20A (1) (2)(c) (3)</p>

