

Quality Care UK Limited

# Lavender House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Lavender House is a residential care home that was providing personal accommodation for up to 32 older people, including those with dementia related conditions. At the time of inspection 16 people were living at the service.

People's experience of using this service: There had been significant improvements in the service since the last inspection, however work was still required to improve practice in key areas such as risk management. Systems to check that people were receiving safe and good quality care required further development. The provider had not always notified CQC about important events that happened in the service.

Risks to be people had not been effectively reduced and mitigated.

Improvements had been made to the environment. Decorative work had been carried out, and the environment was more 'dementia friendly'. Infection control procedures were followed. There was adequate staff to meet people's needs.

People told us the food was of good quality, however further work was required to enable people to make choices regarding their meals. People told us staff were kind and caring. We observed activities taking place. People were supported to access health care.

People and their relatives were engaged with and included in service delivery. We received positive feedback about the registered manager.

Rating at last inspection: Inadequate. (The last report was published 10 October 2018.) This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of special measures.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: The provider was in continued breach of two regulations at this inspection relating to risk management and governance of the service. You can see the action we have told the provider to take at the end of the full report. A third breach about failing to notify the Care Quality Commission of events in the service is being dealt with separately.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. The provider will continue providing regular updates to their action plan. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Lavender House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** Two inspectors and an expert by experience carried out the first day of inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their expertise was in older people living with dementia. The second day of inspection was carried out by two inspectors.

**Service and service type:** Lavender House is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This inspection was unannounced.

**What we did:** Before the inspection we reviewed any notifications, we had received from the service. A notification is information about important events which the service is required to tell us about by law. We also reviewed any information about the service we had received from external agencies. We used this information to help us plan our inspection.

During the inspection, we spoke with seven people who used the service and three relatives. We spoke with the registered manager, two care assistants and the cook. support workers.

We looked at care files and daily notes for four people. We completed a tour of the building which included people's bedrooms, bathrooms and communal areas. We looked at three staff recruitment files, induction, training records and a range of documentation for the management of the service. We also looked at

surveys, audits and compliments and complaints. We carried out a SOFI (Short Observational Framework for inspection, which helps us understand the experience of people who cannot communicate with us).

# Is the service safe?

## Our findings

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

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. Regulations may or may not have been met.

At the last inspection this domain was rated Inadequate and we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Breaches were identified in:

- Regulation 12 (Safe care and Treatment)
- Regulation 15 (Premises and equipment)

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 15. Improvements had also been made in regard to infection control and medication management, however we found there was a continued breach of regulation 12 which related to risk management.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At the last inspection we found risk assessments were not accurate. At this inspection we found this continued.
- The systems and processes to identify and mitigate risks to people were not used effectively. Risk assessments still required further detail. For example, we were told one person had reoccurring falls because they liked sorting their wardrobe but were unsteady on their feet. This was not detailed in the person's care plan and preventative steps had not been taken to reduce the risk to this person. Another person's pressure care risk assessment was brief and lacked detail, for example, it did not tell staff how often to support this person to change position.
- When people had repeated falls, insufficient action was taken to reduce the risk to them.
- Monthly monitoring of accidents were completed, however this had not always been effective at identifying trends, so action could not be taken to reduce the likelihood of reoccurrence.

This was a continued breach of Regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager informed one of the senior members of staff would be given additional time to support the registered manager with updating people's care plans.
- Personal evacuation plans did not always contain adequate detail to guide staff on how to support people with evacuating the premises.
- Checks were not always carried out to ensure equipment was in working order. For example, we found one sensor mat not to be working. There was no documentation of when this equipment had been last checked.
- At the last inspection we found the premises were unsafe and poorly maintained. The provider had taken action to improve the premises. We found external areas had been cleared and items moved away from the

building. lock had been fitted to the laundry door which decreased the risk of people exiting the premises unobserved.

- Decorative work had been completed in several areas including dining rooms and corridors. Flooring had been replaced in the toilets. One relative told us, "There has been big improvement with the redecoration."
- We identified some areas that still required attention, such as a carpet that required replacing. When we returned for the second day of inspection this had been replaced.
- At the last inspection we were concerned that the garden was inaccessible to some people. At this inspection we saw work had begun to tidy the garden up and plans were in place to renovate the garden. This work was due to commence following the inspection.

#### Preventing and controlling infection

- At the last inspection we identified several infection control concerns. At this inspection we found improvements had been made to the prevention and control of infection.
- The service was clean and tidy on both days of inspection. Cleaning rotas had been implemented since our last visit and we discussed how these could be developed further to be more robust. The registered manager had implemented a schedule for baths and equipment to be fully cleaned after each use and this was documented.
- Toilet flooring which required replacing or resealing had been replaced, but we identified one floor in a person's toilet that had not been sealed and was coming up. This was replaced by the second day of inspection.
- Staff used personal protective equipment to help prevent the spread of infections. The registered manager carried out observations on staff to ensure they were following correct infection control procedures.

#### Using medicines safely

- Improvements had been made in the safe administration of medicines. Recording of prescribed creams was completed. Medication protocols were in place for 'when required' medication and advised staff when to administer this.
- We observed the medication being administered and found this was given safely.
- Staff had their competencies checked to ensure they were safe to administer medication.
- Body maps were in place for creams, however these were not in place for transdermal patches. The registered manager implemented these during the inspection.
- The drugs fridge was not locked during the inspection but was stored in a locked room.
- The provider's medication policy did not include NICE guidelines.

#### Staffing and recruitment

- There were adequate staff on shift at the time of inspection to meet people's needs.
- People and their relatives also confirmed there were adequate staff.
- No new staff had been recruited since the last inspection.

#### Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to report any concerns.
- People told us they felt safe. Comments included, "I do feel safe, as not just anybody can get in" and "I feel safe, as I trust everyone here."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At the last inspection this domain was rated Inadequate and we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Breaches were identified in;

- Regulation 18 (Staffing)
- Regulation 15 (Premises and equipment)
- Regulation 11 (Need for consent)

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of these regulations.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Some DoLS authorisations had been made and others were awaiting assessment by the local authority.
- Staff sought consent from people before supporting them with tasks.
- Best interest meetings had been carried out when people were unable to consent. However, we saw one person with a sensor mat in place and no best interest meeting had been carried out.
- Some people's relatives had given consent to people's care without the legal authority to do so. The registered manager assured us she would address this.

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

- Since the last inspection there had been improvements to the environment. Where people wanted they had their names and photographs added to their doors to help them recognise their rooms.
- Signs were displayed around the service to help people identify rooms such as toilets, dining rooms, and the lounge. People's doors were painted (where they wanted this) following the inspection.

Staff support: induction, training, skills and experience

- Since the last inspection we saw improvements had been made to the support staff received.
- Staff received supervision and had competency assessments. Staff told us they felt supported, and one staff told us, "I have a supervision every 6 weeks or so and had an annual appraisal. I get enough support and I can go in the office any time."
- Staff had received induction and training which provided them with the skills to meet people's needs.

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

- People's care and support needs were assessed prior to admission into the home.
- Re-assessment of individual care plans was ongoing. The registered manager had recently introduced a monthly review document to help with this.

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

- Food and drink was available to people throughout the inspection. They told us the food was good quality. Comments included, "Food is delicious "and "Meals are very good."
- People were not always offered a choice of meals, but when they requested different meals these were provided. One person told us, "They know I don't like certain things, so they don't give me it, and sometimes I get a choice." The registered manager assured us there was a choice at all meal times and would ensure this was offered.
- Further work was required to ensure people were supported and enabled to make choices at meal times.
- Further work was needed to ensure food and fluid records were up to date and effective. For example, when someone hadn't drunk enough, and the action staff should take.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us they were supported to access health care services. People told us they regularly saw doctors, chiropodists and district nurses. Records confirmed this.

## 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

People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection this domain was rated requires improvement and we identified a breach of Regulation 10 (Privacy and dignity) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were positive about the staff. Comments included, "The staff are good, as not only do they look after us, but they care. They are brilliant." and "The staff are lovely with [Name] they are very patient."
- We observed positive interactions with people and staff, such as staff sitting and chatting with people.
- People's care plans detailed their religious and cultural preferences and provided advice for staff on how to promote these.

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

- People told us they made choices about their care. Comments included, "I choose what I want to do, and nobody tells me what to do" and "I make my own choices, as I like to get up at 8am. I don't do activities by choice and that is respected."
- The registered manager told us people did not require an independent advocate. Family members were involved to support people with making decisions. Information was available in the service if people required an advocate.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. For example, people told us they received their mail unopened and staff knocked before entering their rooms.
- Relatives confirmed people's privacy and dignity was respected, comments included, "When [Name] is taken to the toilet it is a very discreet procedure" and "[Name] will leave doors open on the toilet and staff will always go and close them."
- Care plans contained guidance on maintaining people's privacy and dignity.
- We observed people's independence being promoted, for example, people carrying out household tasks such as setting tables and dusting.
- People were supported to maintain and develop relationships with those close to them. We saw relatives visiting with some having meals with their relatives.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

At the last inspection this domain was rated requires improvement and we identified a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection we found reviews of people's care plans had been poor and relatives had not been involved in them. The registered manager had implemented a new monthly care plan review to ensure care plans were reviewed.
- Relatives told us they had been involved in these reviews. One relative told us, "We did a thorough review and assessment of the care and care plan within the last 6 months."
- Care plans included detail of people's interests and what was important to them.
- The registered manager told us they had done a lot of work to improve the activities and were looking to appoint two staff as activity champions. We observed a variety of activities taking place such as painting, quizzes, nail care and skittles. However, designated time was needed for activities to minimise interruptions during sessions.
- We saw people's communication needs had been assessed and care plans were in place. The service had picture cards to help some people communicate. Documents available in easy read format would have supported people further. The registered manager informed us she would ensure easy read documentation was available.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place and this was on display within the service.
- There had been no complaints since the last inspection. The registered manager also logged any general concerns raised.
- People confirmed they knew how to raise a complaint and would feel comfortable doing so.

End of life care and support

- At the time of our inspection, nobody was receiving end of life care.
- Staff had knowledge of end of life care and told us they would work alongside professionals such as district nurses to provide support, should this be required.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection this domain was rated Inadequate and we identified a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite significant improvements since the last inspection, further work was still needed to ensure a full range of effective systems were in place and fully embedded to demonstrate safety and quality were effectively managed. We identified a continued breach in Regulation 17 (Good governance).

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

- Systems had failed to effectively identify and mitigate risks to people. Risk assessments did not always contain adequate detail.
- Audits had failed to identify and address some of the areas of concern found at inspection, such as trends in accident and incidents and concerns with medication.
- Quality assurance systems had failed to ensure checks were carried out on equipment such as sensor mats.
- Personal evacuation plans did not always contain adequate detail to guide staff on how to support people with evacuating the premises.
- Records about the care people received did not always contain adequate detail. Monitoring charts in place were not consistently completed.
- Systems had failed to identify people without the legal authority to do so were consenting to care plans.

This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services that provide health and social care to people are required to inform CQC of important events that happen in the service in the form of a 'notification'. The provider had failed to notify incidents when serious injuries had occurred.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This matter is being addressed outside of the inspection process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- At the last inspection we found the provider had failed to effectively engage residents and relatives in the

service provided. At this inspection we found improvements had been made.

- Monthly resident and relative meetings were carried out by the registered manager, and there was opportunity for people to meet with the provider.
- Surveys had been carried out to gain feedback from staff, people and their relatives and visiting professionals. The results of these had been summarised.
- We saw people who used the service had been involved in plans to renovate the garden.
- Records reflected regular contact with local professionals.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- At the time of last inspection, the registered manager had left the service resulting in a lack of oversight. Since the last inspection the registered manager had returned to the service and started making improvements.
- The registered manager had a visible presence in the service.
- People and their relatives gave positive feedback on the registered manager, comments included, "She is fine, friendly and treats you like a friend" and "I like her, she is very patient, friendly and efficient."
- The registered manager was planning to visit outstanding care providers to help gain ideas to improve the service.
- Significant improvements had been made to the service since the last inspection to improve the care people received. Further time was needed to imbed these changes and for further planned improvements to be made.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to the health and safety of people had not been effectively mitigated. 12(2)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes to monitor the quality of the service had not been effective in identifying areas for improvement. Governance systems had failed to ensure the risks to people had been mitigated. 17(1) and 17(2)(b)