

# Caretech Community Services (No.2) Limited

## The Lavenders

### 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 

### Overall summary

We inspected The Lavenders on 31 March 2015. This was an unannounced inspection.

The Lavenders is a seven bed care home for people with learning disabilities. On the day of our visit there were seven people living in the home

People told us they were very happy with the care and support they received.

People who needed assistance with meal preparation were well supported and encouraged to make choices about what they ate and drank. The care staff we spoke with demonstrated a good knowledge of people's care

needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they enjoyed working in the home and spoke positively about the culture and management of the service. Staff told us that they were encouraged to openly discuss any issues. Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

# Summary of findings

The registered manager had been in post since March 2014. 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 and associated Regulations about how the service is run.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for. Staff listened to them and knew their needs well. Staff had the training and support they needed. Relatives of people living at the home and other professionals were happy with the service. There was evidence that staff and managers at the home had been involved in reviewing and monitoring the quality of the service to make sure it improved.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decisions were taken in accordance with the Mental Capacity Act 2005, DoLS and associated Codes of Practice.

People had participated in a range of different social activities individually and as a group and were supported to access the local community. Activities included visits to parks, museums and the zoo and going to discos. They also participated in shopping for the home and their own needs, and some people had recently been on holiday together with staff support. Some people were also supported to go to college and day care centres.

The registered manager provided good leadership and people using the service, relatives and professionals we contacted told us the manager promoted high standards of care.

# Summary of findings

## 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 safe. People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom respected.

The premises were safe and equipment was appropriately maintained.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs.

People's medicines were managed so they received them safely.

Good



### Is the service effective?

The service was effective. People received care from staff that were trained to meet their individual needs. Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing.

People were encouraged to have a balanced diet and the provider supported people to eat healthily.

The manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards

Good



### Is the service caring?

The service was caring. People and their relatives were consulted and felt involved in the care planning and decision making process. People's preferences for the way in which they preferred to be supported by staff were clearly recorded. We saw staff were caring and spoke to people using the service in a respectful and dignified manner.

We observed staff treating people with dignity and respect. People were supported to maintain their independence as appropriate

Good



### Is the service responsive?

The service was responsive. People using the service had personalised care plans, which were current and outlined their agreed care and support arrangements.

The service actively encouraged people to express their views. People were confident to discuss their care and raise any concerns.

People had access to activities that were important to them. People planned what they wanted to do and were actively involved in their local community. Staff demonstrated a commitment to supporting people to live as full a life as possible.

Good



### Is the service well-led?

The service was well led. People living at the home, their relatives and staff were supported to contribute their views.

There was an open and positive culture which reflected the opinions of people living at the home. There was good leadership and the staff were given the support they needed to care for people.

Good



# Summary of findings

There were systems in place for monitoring the quality of the service	
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# The Lavenders

## 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 was planned to check 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.

We visited the service on 31 March 2015. The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to

make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory

notifications include information about important events which the provider is required to send us by law. We also spoke with two external healthcare professionals to obtain their views about it.

On the day of our inspection we focused on speaking with people, their relatives and staff and observing how people were cared for.

During our inspection we spoke with three people who lived in the service, one relative, one senior support worker, two support workers, the driver/carer and the registered manager.

We looked at four people's care records, five staff records, medicines charts, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

# Is the service safe?

## Our findings

People we spoke with told us how they felt safe within the service. One person said “all staff are nice, I feel safe.” Another told us “people are nice, they are kind to me.”

Staff we spoke with demonstrated a good level of understanding of safeguarding and could tell us the possible signs of abuse which they looked out for. One care worker, told us some people who used the service were not able to verbalise. They ensured they were observant of any changes in behaviour which could mean the person was being abused. For example, they said “some people may try to hurt themselves as a means of dealing with their distress.” They also said “I encourage those who can, to speak out.” This person demonstrated a good understanding of what whistleblowing was, and how they would inform the Care Quality Commission of any concerns they might have.

Individual risks had been assessed and recorded. These assessments stated how risks to people’s wellbeing could be minimised and care had been planned so that people’s freedom was not restricted. For example, people were encouraged to be independent where possible and additional staff /equipment to keep them safe was in place rather than restrictions to their freedom of movement and mobility.

We looked at staff records and saw that the provider had a robust approach to safe recruitment. It was noted on each of the five records that two references were obtained and current Disclosure and Barring Service (DBS) certificates were confirmed. Whilst most records did not have copies of either references or DBS certificates, there was a document on file, signed by the provider’s head of recruitment to verify their existence. The registered manager told us that head office organised recruitment, hence all original copies were held there.

We were told by the registered manager that there were three members of staff on duty between the hours of 07:30 – 21:30; and two who did waking nights from 21:30 – 07:30. We confirmed this to be the case when we looked at staff rotas for two weeks. During the course of our inspection, we observed how at no time did staff appear to be under

pressure whilst performing their role. There was a calm atmosphere in the home and those who used the service received staff attention in a timely manner. We spoke with one care worker who told us “we are never short staffed.”

We looked at how medicines were managed and concluded that this was done in a safe way. The registered manager told us that only senior care workers administered medicines. We saw from Medicines Administration Record Sheets (MARS) that those who signed were all senior care workers. We also noted that each of these senior workers had completed their on-line Medicines Administration training. This was then reinforced by Medicines Safe Handling and Awareness training, which was face to face training from a large pharmacy. The registered manager told us that medicines training was assessed by her once the above training was completed. She showed us two recent assessments ‘Medicines – Principles of Administration and Control’, both of which were successfully completed.

We saw a recent audit had been completed by the supplying pharmacy. This audit did not highlight any problems in how the service managed and administered medicines. There was a suggestion by the auditing pharmacist that a cleaning/defrosting schedule for the fridge could be initiated, as well as a record kept of the minimum and maximum temperatures. The registered manager told us that both of these recommendations would be adapted at the start of the next month.

We looked at how Controlled Drugs (CD) were stored and recorded in line with The Safer Management of Controlled Drugs Regulations 2006. We saw that these were stored separately in a locked metal cabinet. We counted these drugs and confirmed that this count tallied with the record in the CD book.

We looked at MARS of three people who used the service and saw that each record had a current photograph (with the date when taken recorded). We also saw that there were no gaps or errors recorded on the MARS, and there were signatures to confirm that the medicines had been administered. We looked at how other medicines were stored. We noted that medicines were clearly labelled and included the date when begun. We saw that ‘as required’ medicines were separately recorded.

## Is the service safe?

We saw that there was an audit of medicines each month. These audits covered all aspects of medicines, including storage, accurate recording on MARS and a count of all medicines on the premises.

# Is the service effective?

## Our findings

We looked at staff training records. We saw that much of the training was done as e-learning. This included Mental Capacity Act 2005; Safeguarding Adults; Deprivation of Liberty Safeguards; Infection Control; First Aid and Respecting Differences. We saw that Moving and Handling was done as e-learning and also face to face training. The designated fire marshal had face to face 'fire training for managers', in addition to the e-learning which all members of staff had. We spoke with a member of staff who told us they had an induction when they started their job, which they found "very helpful" and they could tell us about the training they had done.

The registered manager told us that "head office set the training up and I check it, making sure everyone does refresher training as required." We asked when staff manage to do this e-learning and were told "they can do it during their shift; if they need to come in early then they get paid for that time."

Care workers received supervision every two months and there was a signed and dated record of these sessions on each person's file. Supervision included a mix of discussing the person's key client, as well as offering guidance, for example, we saw on one record, 'need to evidence choice when writing daily record as proof of choice/food offered.'

Members of staff were also given the opportunity to discuss their on-going personal development goals and training needs. For example, one member of staff told us the service was supporting them to complete a qualification in leadership and management in health and social care

We spoke with a member of staff about their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty (DoLS). They told us that they asked permission before performing a task, for example, "I always ask a person if I can wash them. Even if they are not verbal, I know by their body language what their preference is." We asked about DoLS and they told us "we have to act in a person's best interest; for example, someone may well prefer to be left alone when they are eating, however, if that person is at risk of choking, then we cannot do this." They told us that

there are those who needed a lap belt as a form of restraint when in their wheelchair and those who had bed rails fitted to ensure they did not come to any harm by falling out of bed. These people had been subject to a DOLS authorisation.

We saw that DoLS referrals for all the people in the home had been sent to the relevant funding authorities. The registered manager told us they worked with other health care professionals to work in people's best interests when they lacked the capacity to make an informed decision about their care or treatment

There was a large amount of fresh fruit and food available in the kitchen. We saw there were specific eating and nutrition guidelines for people clearly displayed on the wall. The registered manager told us the Speech and Language Therapist (SaLT) had given these guidelines "and we speak on the telephone whenever I need to." She told us that staff were very aware of the nutritional needs of people and were aware of how to keep people with dysphagia safe by following the very clear guidelines laid down by the SaLT." One member of staff told us that "all food we serve here is made fresh."

- We saw that lunch was prepared from fresh ingredients for the one person in the house at lunchtime. We also saw fresh ingredients being prepared for the evening meal, in line with what was on the menu for that day. We spoke with a person who used the service who told us the "food is nice." Food was kept in appropriate conditions and we noted how clean the kitchen environment was. We saw the temperatures of the fridge and freezer were recorded daily and the range was consistently within recommended safe temperature guidelines. People's healthcare needs were monitored daily.

Health care plans were detailed and recorded specific needs. There was evidence in the care files we looked at of regular consultation with other professionals where needed, such as dentists, doctors and specialists. Concerns about people's health had been followed up immediately and we saw that there was evidence of this in peoples' records.



# Is the service caring?

## Our findings

All the people we spoke with told us they were happy with the approach of staff. There was some very positive feedback such as “Staff are very kind and if I need any help they give it to me, but I like to dress myself.” Relatives’ feedback was also positive. For example, one person commented, “the team of carers are fantastic and very devoted.”

People’s preferences were recorded in their care plans. The staff had discussed people’s likes and dislikes with relatives so they could make sure they provided care which met individual needs. Staff told us birthdays were always celebrated with a party and people were able to take part in social activities which they liked and chose. .

People were given information in a way which they understood. Staff used photographs, symbols and objects of reference to support communication. They had been given training in this area and we saw they followed guidelines which had been developed by a speech and language therapist.

Staff cared for people in a way which respected their privacy and dignity. Each person had their own en-suite bathroom. We observed the staff demonstrated a good understanding of the importance of privacy and attended to personal care needs discreetly and appropriately.

A relative told us “she (her relative) has been treated with more respect than ever before.”

We observed staff interacting with people using the service throughout the day, we saw that staff interacted with people in a friendly, warm, professional manner and at all times staff were polite and caring. Staff were able to tell us about people’s different moods and feelings, and reacted swiftly when they identified that people needed extra support. For example, we observed one person using the service may have become upset because the inspection process was impacting on their usual routine. Staff suggested an activity for this person to do with a member of staff to ensure they felt valued and relaxed.

There was on-going interaction between people who used the service and staff. People were very comfortable and relaxed with the staff that supported them. We saw people laughing and joking with staff and people with limited verbal communication made physical contact with staff members.

Most people using the service were able to make daily decisions about their own care and we saw that people chose how to spend their time. People told us they were able to choose what time to get up and how to spend their day. One person told us, “They always listen to what we say, they ask us what we want to do and I like to go the disco.” A relative told us, ‘She has very complex needs and staff are fantastic.’

We observed staff to be caring in their approach to those who used the service. They demonstrated a depth of understanding of those whom they supported. For example, one care worker told us how people communicated their needs in different ways, both verbally and non-verbally, “I know by one person’s facial expressions what they really want; in another, the fact that they remain silent means that they do not want what is being offered to them.” They also told us that whilst one person is verbal, “I have to listen very carefully so as to understand them properly.”

We asked staff how they offered choices to people and were told “we must offer choices, for example, we show pictures of the food on offer and give them their choice.” We were also told how “I take out a couple of outfits from the wardrobe so that they can choose what they want to wear.” We saw people being offered a choice of juice in the lounge, and given the time to make that choice.

One member of staff told us caring was about “supporting and assisting,” and how they gave personal care “in a way which dignifies the person.” They did this by ensuring their privacy was respected, with doors closed when supporting a person with their personal care needs. They also told us they knocked when entering a person’s room and they always explained what they were doing in the room, “for example, if I am putting their laundry away, I say that is what I am doing.”

# Is the service responsive?

## Our findings

People were happy with the home and the way in which they were being cared for. Care records showed that people had been consulted about the care they received, the social activities they took part in and the food they ate. We saw that their levels of satisfaction had been recorded and the staff had used these records to review and improve personalised care for each person.

People had participated in a range of different social activities individually and as a group and were supported to use the local community. The home had its own minibuss and driver. Activities included visits to parks, museums and the zoo and going to discos. They also participated in shopping for the home and their own needs, and some people had recently been on holiday together with staff support. Some people were also supported to go to college and day care centres.

Satisfaction levels for activities were monitored by 'monthly summary sheets'. We saw that on one occasion the frequency of an activity had been increased as a result of positive feedback from a person using the service.

People's needs were assessed before they moved in. These had been regularly reviewed and updated to demonstrate any changes to people's care. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. Relatives told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records. The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences in pictorial format where

required. People and their families and friends completed a life story with information about what was important to them. The staff we spoke with told us this information helped them to understand the person. One member of staff said, "we know each person's life history very well, it helps us to understand them."

During our inspection we viewed the rooms of two people with their permission, and saw that the rooms were reasonably well maintained, clean and personalised. One person told us "My room is lovely."

Each person had an assigned keyworker who was responsible for reviewing their needs and care records. Staff told us that they kept people's relatives, or people important in their lives, updated through regular telephone calls and text messages or when they visited the service and they were formally invited to care reviews and meetings with other professionals.

Care plans and risk assessments had been regularly reviewed. There was detailed information about each person's needs and how the staff should meet these. There was also detailed information about the care each person had received each day and night.

There was a clear complaints procedure that was available in pictorial format and we saw that this was displayed on the wall in various areas in the home. People we spoke with told us they knew what to do if they were unhappy about anything. Comments included "I am confident about raising concerns or complaints, but have not had the need to as I can go directly to the manager."

We saw that there had been no formal complaints made in the last 12 months.

# Is the service well-led?

## Our findings

People who used the service and staff we spoke with praised the manager and said they were approachable and visible.

The registered manager had been in post since March 2014. She told us, “We really care about our service users; I want them to feel safe and happy.” Observations and feedback from staff, relatives and professionals showed us that there was an open leadership style and that the home had a positive and open culture. Staff spoke positively about the culture and management of the service. Staff told us, “The manager is friendly and approachable.” And “she really cares about the people here and always has new ideas.” Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. Another member of staff told us, “The manager always sorts things out quickly.” The manager gave us examples where staff had initiated ideas to support people and these had been very successful. For example providing a ‘profile’ bed for one person and arranging a holiday for one person who had not been on holiday before. Staff told us that they were supported to apply for promotion and were given additional training or job shadowing opportunities when required. Staff comments included, “The manager is very professional and supportive” and “They helped me to get a qualification.”

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular service user and relatives meetings were held. One person told us “we have house meetings and everybody has a chat.” Annual surveys were undertaken of people living in the home and their relatives, we saw that a survey had recently been sent out to relatives and professionals but the results had not yet been analysed. Regular visits were made by the provider’s head office and we saw that quality assurance assessments were undertaken by them and that actions arising from these had been carried out, for example it was suggested that easy read safeguarding leaflets should be made available for people who use the service.

The registered manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meetings and from our observations it was clear that she was familiar with all of the people in the home.

We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included monthly audits of people’s finances, medicines, staff records, care plans, health and safety and infection control.

The manager told us she regularly attended locality managers meetings and leadership forums and received on-going support from the provider’s quality team; she also worked closely with the local authority’s ‘integrated quality in care’ team.