

Country Care (Nafferton) Ltd

Lavender Court Residential Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service

Lavender Court Residential Home is a residential care home providing personal care to up to 18 people. The service provides support to older people, some of whom may live with dementia. At the time of our inspection there were 18 people using the service. The care home accommodates people in one adapted building.

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

Systems, processes and practices safeguarded people from abuse. Risks to people were assessed and their safety monitored and managed. People were supported to maintain their independence. Sufficient numbers of staff were employed. Staffing rotas were arranged to meet people's needs. Medicines were administered safely by appropriately trained staff. People were protected from infection by effective IPC processes and practices. Lessons were learned and shared with staff.

People's needs and choices were assessed and care was planned to meet people's needs. Staff had the appropriate skills, experience and training to support people effectively. Staff teams worked well together and had access to a good level of detail in handovers. Staff were confident they received updates and an appropriate level of information. People were supported to eat and drink, where needed. People had good and timely access to healthcare, when needed, and were supported to access health appointments. People's needs were met by the home's decoration and environment. Consent to care was sought and documented appropriately, including where people needed best interest decisions making on their behalf. 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.

People were treated with kindness, respect, and compassion. Warm, friendly, and positive interactions took place between staff and people. People were supported to express their views. People's privacy and dignity were respected.

People received care responsive to their needs. People's concerns were listened and responded to. People were supported at the end of their life to have a dignified death. People had been involved in producing their EoL care plans.

The provider had a clear vision to deliver exceptional high-quality care and support, which was shared with and understood by staff. Staff were highly motivated to deliver excellent quality care. There was a thoroughly embedded culture of openness and positivity throughout the home. The robust governance framework supported the delivery of high quality care and support. Assurance audits contained appropriate information to support this. Feedback from a variety of partners had been sought. This was used to support continuous improvement at the service. The service was very creative in exploring and using technology to support people's individual needs. The service worked in close partnership with other organisations to

facilitate good outcomes for people, and was constantly exploring and developing connections to support the high quality care and deliver exceptional social interactions for people living at the home. The home was thoroughly embedded in the local community.

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

Rating at last inspection

The last rating for this service was outstanding (published 12 July 2017).

Why we inspected

This comprehensive inspection was part of CQC's scheduled inspection approach.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Lavender Court Residential Home

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.

Inspection team

This inspection was undertaken by 1 Inspector and 1 Regulatory Co-ordinator.

Service and service type

Lavender Court Residential Home 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 Court Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. We visited the service on 7 December 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 1 relative. We spoke with 6 members of staff including the cook, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 3 people's care plans and a number of medicine administration records (MARs). We reviewed a variety of documents relating to the management of the service.

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 good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to ensure people were safeguarded from the risk of abuse. The registered manager had notified the appropriate authorities when potential concerns had been identified.
- Staff had been trained and were knowledgeable about the signs of potential abuse. Staff were confident managers would take immediate and appropriate action about concerns raised.
- People and their relatives knew how to raise concerns, and were confident to do so.

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. These were monitored and reviewed to ensure these risks were managed. Staff were vigilant about monitoring and reporting any changes.
- Care plans documented how people's individual risks were managed. Risk assessments were very focused on the person.
- People were supported and encouraged to remain independent, where possible, and the least restrictive option for managing their risks was always considered.

Staffing and recruitment

- People were supported by consistent, competent and fully trained staff.
- Staffing rotas were managed to ensure people's needs were met at the right time for the people living in the home. For example, an afternoon shift had enabled people's key workers to spend quality time with them, providing individual support for things like shopping or re-arranging their wardrobes. A staff member told us, "We absolutely have time to do things with them (people)."
- Safe recruitment systems were in place. We identified from some references where there had been gaps in the employment histories of some potential staff. We discussed this with the registered manager who took immediate action to rectify this.

Using medicines safely

- Medicines were administered safely. Staff followed and met good practice standards and national guidance. Staff were appropriately trained and had their competency to administer medicines regularly checked.
- People received their medicines as prescribed. Staff were vigilant in recording any changes and instigating and being involved in medicines reviews.
- Appropriate procedures were followed where people needed to be given medicines without their consent and when people needed specialist medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- Visitors were welcomed to the home and the provider had an appropriate approach to visiting, in line with government guidance.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Staff understood their responsibility to raise concerns and report incidents.
- The service recorded incidents and undertook reviews. However, it was not always clear that incident records had been tracked and monitored. We discussed this with the registered manager who took immediate action to rectify this.
- Staff meetings documented how lessons learnt were shared.

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.

At our last inspection we rated this key question outstanding. At this inspection the rating for this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care and support was assessed, planned and delivered in line with current standards and best practice. People's outcomes were tailored and monitored to their individual needs.
- All aspects of care delivery were focused on the needs of people and their preferred outcomes.

Staff support: induction, training, skills and experience

- People received support from trained and competent staff.
- New staff received a thorough induction and more experienced staff checked they were competent and confident before they delivered care to people.
- Staff told us they received regular training and could request additional training at any time. For example, staff had recently identified they did not feel confident using a piece of equipment and refresher training was arranged immediately.
- Staff told us they felt very well supported by managers and they were encouraged to develop their skills and experience. A staff member told us, "I love it, it really is lovely here." Another said, "It's a lovely environment, a team atmosphere, there's always a team to rely on."

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

- People were well supported to eat and drink enough. One person who was at risk of urinary infections had a detailed care plan outlining the different ways staff could encourage and support them to drink enough.
- Each person had been assessed to establish what colour plate best suited their visual or sensory impairment. These people always received their meals on the appropriately coloured crockery.
- A wide variety of drinks and snacks were available throughout the day. One person told us, "I didn't like the pudding, so I asked for some cake, and they gave it to me."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with a range of professionals to ensure people received consistent, effective and timely care.
- Good working relationships had been developed with health professionals, such as GPs, pharmacies, District Nurses and Occupational Therapists.
- Advice from partners was well-documented in people's care records and notes showed how advice was followed by staff.

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

- People's rooms were very personalised. People received regular support from staff to make sure their

rooms, wardrobes and drawers were arranged just how they liked them.

- People were encouraged to make suggestions about how the home was decorated and arranged. One person had struggled to open doors whilst walking independently around the home. A pilot funding scheme, through robust partnership working, had been used to provide automatically opened doors throughout the home. This had led to greater freedom for people.
- Assistive technology, such as motion sensor lights were installed in the bedrooms of people who were visually impaired to support them if they got up during the night. People had smart TVs and interactive voice assistant technology to assist them in their rooms.
- Communal spaces had a family feel to them, with a range of items, such as ornament cabinets, foot stools and individual side tables.
- Some dementia friendly signage was in place. We discussed with the registered manager how this could be expanded further.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to have appropriate access to healthcare services and professionals. Consistent key workers supported people to health appointments and assessments.
- Staff were vigilant about monitoring, recording and understanding people's changing health needs.
- Staff champions in areas such as oral health, ensured people had a good level of support with good outcomes.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had consented to their care. Each consent had been discussed with them and documented.
- Where people were unable to consent, the service had sought involvement from appropriate people and documented decisions made in people's best interests.
- The registered manager tracked and monitored people's DoLS to ensure these were managed properly. Where conditions were attached to people's DoLS decisions these were included in people's care plans.

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 for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were very well treated and received support in the manner they wished. A person told us, "They (staff) are very thoughtful."
- Staff demonstrated a high-level of empathy towards people. Staff built warm relationships with people and their relatives.
- People received compassionate care from staff. Staff were sensitive to people and their changing circumstances. For example, one person who had suffered a family bereavement received emotional tailored support by staff who had forged close professional relationships with them.
- Staff had received training in equality and diversity. Staff treated people as individuals and delivered care centred around the person.

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

- People were encouraged to express their views at all times. Staff knew and understood people's communication needs and always used this knowledge to ensure people were able to voice their views in the way most appropriate to them.
- Staff sought and respected people's opinions, and ensured people felt heard, and actively listened to them in all their interactions. Staff used eye-contact, gentle touch, positive body language and facial expressions to encourage people's communication.
- People were involved in making decisions about their care. For example, staff always asked people before delivering their care, and explained what they wanted to do and how this would be done. People were given a choice at all times, and their wishes respected.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted at all times. Staff embodied the respectful culture throughout the home.
- Staff knocked before entering someone's room and waited to be invited in. Staff told us they always asked people before they delivered care. Staff explained to people how they were going to deliver care and checked people understood and were happy before doing so.
- Where people had fluctuating independence, staff were directed to check the level of independence each time they delivered care and to choose the least restrictive option.
- One person had been admitted to the home because they were cared for in bed. However, within a few weeks they were able to move independently around the home. This was due to staff's encouragement and patience in supporting them to be independent.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were very person-centred for each aspect of people's lives and care. Care plans contained detailed information to enable staff to give people choice and control over their lives. For example, 1 person who required medicines at specific times liked to get up later. Staff worked together to ensure this person got up when they wished and received their medicines as prescribed.
- The home tailored service delivery to meet the needs of people living there. Care plans were changed as soon as people's needs changed, and staff were immediately informed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the Accessible Information Standard.
- People's communication needs were understood, recorded and met. For example, 1 person's sensory impairment required staff to stand at a specific side of them. Another person's care plan recorded how staff should look after their hearing aid.
- At a recent resident's meeting people had said they were not always able to read information on the noticeboards and the home was arranging large print as a result.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships. One person's partner attended the home each day and was encouraged to stay for lunch. During our visit this relative told us they had been invited for their Christmas lunch.
- People were supported to access a range of activities in the local community, for example, a coffee morning and a scarecrow competition. One person had been supported to attend a show-jumping event.
- Activities were arranged which were appropriate for the people living at the home and those for which people had an interest. Lots of activities took place when people felt like it.
- Relatives were encouraged to attend and participate in activities.
- One person had been designated the 'Activities Champion'. This meant they took an active part in arranging activities at the home. This person had been supported to deliver activities to their peers. Another person had recently played 'Father Christmas' during a carol singing visit by a local primary school.

Improving care quality in response to complaints or concerns

- There had not been any complaints raised with the service within the last year.
- There was a system in place to record, track, and take improvement actions when concerns and complaints were raised.

End of life care and support

- People received end of life care and support as they had wished.
- Care plans contained detailed and sensitively sought information from people about their end of life wishes. Details included, for example, the people, pets, music, and aromas which people had requested at their end of life.
- People were thoughtfully supported to grieve when their peers had died. For example, the home had arranged a funeral service in the home's courtyard for one person. For others the home facilitated people participating in funerals via video links.

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 outstanding. At this inspection the rating for this key question has remained outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an extremely friendly, family and fun atmosphere throughout the home. One person told us, "It's a very good atmosphere here, we're spoilt rotten. It's friendly and comfortable." Another said, "It's a nice atmosphere, everyone gets on. I've made friends." A staff member said, "We're like a big family really."
- The registered manager and the nominated individual promoted a positive, person-centred culture. This was embedded throughout the home. A staff member explained, "It's just like one big happy family, it's not like coming to work, it's so much more person centred, we've got so much time to spend with people, we're all involved in the decision making, we can plan our day, every day is different, no set routines."
- The provider had sourced additional support for staff which allowed staff to access confidential counselling to support them with a variety of life events, such as smoking cessation, moving house and bereavement. Staff were appreciative of this support.
- People, relatives and staff were consistently engaged and empowered to discuss care needs, which promoted and delivered good outcomes for people living at the home. For example, people had identified they wanted more season specific food, such as prawn cocktails in summer, and the home had provided these.
- A staff member said, "The office door is always open and we can go and speak to them (managers)."
- Another said, "We are really listened to - we speak to [the registered and deputy manager], they empower us making decisions."
- People achieved good outcomes linked to their own personal preferences and needs. For example, one person who had sensory impairments and was cared for in bed used a projector over their bed to provide sounds, moving pictures and coloured lights which were soothing to them.
- Staff told us they were incredibly proud to work at the home. Staff displayed a strong motivation and worked collaboratively to deliver high quality care for people. For example, one person preferred to get up later than the medicine round, but required timed medicines. Staff worked collaboratively to ensure this person got up when they wished but received their timed medicines as prescribed. A staff member said, "Such a pleasure to work here, I feel proud to say I work here."

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; Continuous learning and improving care

- The provider was open and honest with people, relatives and staff. The provider encouraged staff to be open and honest when things went wrong. Staff shared learning freely with their peers and encouraged each other's development.

- A learning culture was embedded across the home, with a strong emphasis to improve care delivery at every opportunity. For example, the registered manager had identified people would benefit from staff being able to apply dressings to support wound cleanliness whilst waiting for a District Nurse visit. Staff had received this training and applied dressings to support people's health care outcomes. This meant people received prompt wound care to keep their wounds sterile and prevent possible infection.
- Staff exhibited a vigilance and curiosity about people's needs and outcomes and were fully engaged in good care delivery being the responsibility of everyone working at the home.
- Managers had maintained their attention to detail to ensure everyone living at the home had the same opportunities for the very best outcomes for them.
- Managers had consistently led staff to improve care wherever possible. Staff were given the freedom to suggest and deliver improvements to care.

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

- Managers and staff were clear about their roles and responsibilities. Managers provided regular and consistent feedback to staff to lead and maintain high care quality. There was a collective responsibility across the whole staff group.
- Managers had maintained a consistent approach to high quality care delivery and constantly sought opportunities to learn and improve.
- Managers were creative in trying new initiatives, for example, a speaking cup was tested to prompt and remind people to drink. However, whilst this had not been utilised, due to an increase in people's confusion as a result, managers continued to embrace other innovations. For example, managers had identified people were calmed by watching the fish tank and had implemented an electronic fish tank as an additional alternative. Managers had also encouraged social interaction with other homes through online bingo. Through this people had formed strong social relationships with people outside of the immediate home environment. We observed people enjoying interactive games via a projector over a table, which also prompted their memory and enabled discussions about their life histories.

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

- Managers had maintained a consistent approach to seek feedback from people, relatives, staff and professionals involved in people's care.
- Feedback received showed a high response rate. Feedback was reviewed and analysed and used to improve and develop care quality.
- Managers proactively engaged with all individuals involved in the service. Comments and feedback were actively encouraged.
- Community links were developed and maintained to support people's needs. The home had a truly open-door policy and was seen as an integral part of the local community. For example, during its tenth anniversary celebrations the home hosted a hog-roast celebration which was attended by many in the village.
- The home regularly took part in the annual local scarecrow festival and village in bloom competition. People had fully participated in preparing for these events and had entered fully into village life. People had taken great pride in winning the most recent village in bloom competition.
- School groups visited the home regularly, and people participated in social outings to events such as the Scout carol service and other religious events, as well as various village coffee mornings. People were encouraged to and supported by the home to have a wide social network.
- One person told us, "It's local and not too big. People will go by and wave at you."