Avery Homes (Nelson) Limited

Lavender Lodge Nursing Home

Inspection report

Bruntile Close
Reading Road
Farnborough
Hampshire
GU14 6PR

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10 January 2017

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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

We carried out this inspection on 9 and 10 January 2017 and this was an unannounced inspection. The service was first registered with Avery Homes (Nelson) Limited in November 2014. This was the first inspection since that registration.

Lavender Lodge Nursing Home is registered to provide personal and nursing care for a maximum of 66 people. At the time of the inspection there were 60 people living in the service. There are three floors to the service. Hyacinth on the ground floor and Primrose on the second floor primarily provide nursing care, and Jasmine on the first floor provided care and treatment to people living with dementia.

A registered manager was in post at the time of our inspection. 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.

People and their relatives said they felt the service was safe. Staff received training in safeguarding adults and knew how to report actual or suspected abuse. The service ensured there were sufficient staff on duty to meet people's assessed needs and safe recruitment procedures were completed.

People's risks were assessed and risk management guidance was recorded where appropriate. People were cared for in a clean, hygienic environment and the equipment used to support people was regularly serviced to ensure it was safe. People's medicines were managed safely and a regular review of incidents and accidents was completed.

People and their relatives said the staff at the service provided effective care. The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. Staff were aware of how the Mental Capacity Act 2005 impacted on their work and demonstrated how they empowered people through choice.

Staff at the service received regular training to meet the needs of people. Staff were also supported through performance supervision and appraisal. People at the service were supported as required with food and drink and staff were observed supporting people when needed. People had access to relevant healthcare professionals.

People and their relatives gave very positive feedback about all aspects of the care they received at the service. The services compliments log also contained similar positive information. The staff we spoke with knew people well and we made observations that showed people were relaxed in the company of staff. We observed that people's privacy and dignity was respected and people's visitors were welcomed to the service. The provider invited people to comment on the service using a national website. We reviewed the

website following the inspection and saw positive information had been submitted.

People and their relatives told us the service was responsive to their needs. Care records contained personalised information and care was delivered in line with people's needs. Staff understood how to be responsive to people's preferences and the service provided activities for people to partake in. The views of people's relatives were sought and where required the registered manager had actioned requests. The service had a complaints process which people and their relatives felt they could use and would be listened to. There were systems to ensure that key information was communicated to relevant healthcare professionals and staff.

People, their relatives and staff spoke very positively about the registered manager and the leadership of the service. Staff told of receiving a high level of support and guidance from the registered manager and it was evident there was a strong team bond and cohesion. The registered manager had a passionate approach to management and leadership.

The registered manager had established excellent links with the local community and has used these links effectively to have a positive impact on people living at the service. Relatives of the people had passed away at Lavender Lodge Nursing Home were invited annually to a service of remembrance.

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.

Medicine administration, recording and storage was safe.

Staff understood their responsibilities in relation to safeguarding.

People felt safe and secure in the hands of staff.

Risks had been identified and were managed in a way which promoted independence.

There were sufficient numbers of staff and safe recruitment procedures were in place.

Is the service effective?

Good

The service was effective.

Staff received appropriate training, supervision and appraisal.

People received good support to meet their healthcare needs.

People were provided with a varied and healthy food and drink that met their individual requirements.

Staff were aware of the principles of the Mental Capacity Act 2005.

People's rights were protected through the use of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People expressed great satisfaction with the care they received.

People were supported to access the community and were encouraged to be as independent as possible.

People family and friends were welcomed at the service.

We received positive feedback about the support provided from staff.

Is the service responsive?

Good

The service was responsive.

People and their relatives said the service was responsive.

The service had been responsive when people's health needs had changed.

Care plans were personalised and detailed people's needs.

There was an activities programme for people.

The provider had a complaints procedure for people to use.

Is the service well-led?

Outstanding

The service was well-led.

There were excellent links with the local community that had a positive impact on people using the service.

Staff felt well supported by the registered manager in their role.

The registered manager worked proactively with healthcare professionals to support people at the end of their life.

People, their relatives and staff spoke highly of the registered manager.

There were appropriate governance and quality assurance systems in place to monitor service quality.

Lavender Lodge Nursing Home

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.

This inspection was carried out by two inspectors. The service was first registered with Avery Homes (Nelson) Limited in November 2014. This was the first inspection since that registration.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people in the service were living with dementia and were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us. We also reviewed seven people's care and support records.

During the inspection process, we spoke with eight people who used the service, eight people's relatives and nine members of staff who were providing care to people on the days of our inspection. This included the registered manager, nursing staff, care staff and the chef. We also spoke with a visiting healthcare professional.

We looked at records relating to the management of the service such as the staffing rota, policies, incident

and accident records, recruitment and training records, meeting minutes and audit reports.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I am really safe." One staff member said, "People are definitely safe. In any situation I would contact a manager." One relative said, "I feel relieved and relaxed that [the person] is well cared for and safe." Relatives did not have any concerns about their family member's safety. People who were not able to communicate with us verbally were comfortable and confident with staff. We observed people laughing and smiling with staff and other people in the communal living area.

People's medicines were safely managed. People's medicines were stored safely in medicine trollies and people's medicines were given as prescribed. There were clear policies and procedures in place for the safe handling and administration of medicines. Medication Administration Records (MAR) demonstrated people's medicines were being managed safely. Staff received training, observed other staff and completed a full and comprehensive competency assessment before being able to administer medication.

People were supported to take their medicines as they wished. Care plans gave staff guidance on how people preferred to take their medication. One person's care plan said, 'I like to have my medication with squash, it doesn't matter what flavour.' There were clear protocols in place to help staff appropriately administer those medicines to be taken 'as required'. The information was clear, specific and measurable. Medicine errors were investigated and action taken to prevent a reoccurrence. There had been two medication errors in the previous 12 months. Action had been taken if needed and the registered manager had signed them off as completed once actions had been addressed.

Sufficient staff were supporting people. This was confirmed in the staff rotas, observations we made and feedback we received. The registered manager told us it was important that people were supported by familiar staff and agency staff were rarely used. The registered manager told us they were recruiting a new nurse and one member of care staff. The registered manager told us there was very little staff turnover and there was a stable team. This was confirmed when talking with staff and relatives. Staff immediately responded to call bells and spent time talking with people. One person said, "They are always here to help me if I need it. It's great." One relative said, "The staff are attentive, tactful and diplomatic. They know [the person] well including her likes and dislikes. The staff are brilliant and they can't do enough."

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe. These covered all aspects of daily living. Risk assessments included the action staff must take to keep people safe. These had been kept under review and other professionals such as occupational therapists and physiotherapists had been involved in advising on safe practices and equipment required.

People's additional risks were recorded and where necessary a plan of care was in place. For example, within people's records it highlighted if they were diabetic. Records showed guidance for relevant staff on how the person's diabetes should be managed to ensure their safety. There was a record of what the person's normal blood sugar level range should be, or the actions staff should take if the person's blood

sugar was outside of either the maximum or minimum safe range. There was guidance on how frequent the person's blood sugars should be monitored and the current medication to be administered.

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. Records showed that staff had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of alleged abuse. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training regularly. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, the Commission and the police. One relative said, "[The person] is safe and well looked after, I would recommend being here to anyone. If I had a problem I would go to the manager and I know it would be sorted." The registered manager also kept a log of current safeguarding concerns to ensure they were concluded as required and information was shared as needed.

People and their relatives told us their bedrooms were cleaned daily and they always found the home to be clean and free from odour. Housekeeping staff explained their roles and confirmed they had sufficient equipment. We observed the housekeeping staff engaged in their duties and found the home was clean and free from odour.

The environment and equipment used within the service was maintained to ensure it was safe. The provider had systems that monitored the environment and the equipment within the service. There were systems that monitored the maintenance of the service in relation to hoists, slings and other mobility equipment. The call bell system was serviced to ensure it was serviceable and regular water temperatures were completed. There was fire folder with a current risk assessment and we saw supporting records that showed the fire alarms, emergency doors and lighting were regularly checked and tested.

All staff had received fire safety training and people had Personal Emergency Evacuation Plans (PEEP). These contained information to ensure staff and emergency services were aware of people's individual needs and the assistance they required in an emergency. One person's PEEP said, '[The person] uses a wheelchair and has limited mobility and would require full assistance.' An emergency bag was stored in the foyer of the home and contained each person's PEEP and other items which would be useful in an emergency.

Good

Is the service effective?

Our findings

People spoke positively about staff and told us they were sufficiently skilled to meet their needs. One person said, "The staff look after me well." One relative said, "We are happy with the care [the person] receives with the very caring staff who support them." People clearly liked the staff that were supporting them. We saw one person requesting reassurance from staff as they felt a little unwell. Staff responded by making the person comfortable and reducing their anxieties. Relatives gave us very positive feedback regarding the staff using words such as, 'Lovely' and 'Extremely good.'

Lavender Lodge Nursing Home is a purpose built property to provide accommodation and personal care to 66 older people. The accommodation is arranged over three floors. There is a lift to enable people to access the other floors. The home was decorated to a good standard and comfortably furnished. Pictures and photographs were displayed throughout the home. Comfortable seating was available along the corridors for people to sit and rest or watch the coming and goings in the service. There was outside space which people could access independently.

There was a key code on the main entrance which restricted people from leaving the building independently. People were reliant on staff or their visitors to support them in this area. People could move freely around the whole home visiting people on other floors. We saw people from the upstairs accommodation visiting people downstairs and taking part in some activities.

All bedrooms were en-suite and single occupancy. People were supported to personalise their bedrooms including bringing in their own furniture. People had been supported to put photographs or an aid to their memory in a box on their bedroom door to assist with orientation. The second floor had a variety of areas that people living with dementia could engage in including work benches with switches and locks fixed to a board. In addition, there was an area with items at the beach and a garden area, a coat stand containing hats and coats and other dress up items which people could use at their will.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us they had submitted applications in respect of DoLS for many of the people living at the service but was currently waiting for the local authority to visit and authorise these. The registered manager had a system to monitor and keep under review each authorisation ensuring where this needed to be renewed this was completed in a timely manner.

This information was shared with the visiting GP. Relatives had been involved and kept informed about the outcome of any DoLS application. Each person had been assessed to determine whether an application for DoLS should be made. The registered manager had notified us about the outcome of authorisations when required. Information about these safeguards was clearly described in people's care plan and the reasons for the authorisation. This was because many of the people were unable to make a decision on whether to live at the service due to their dementia and required constant supervision to keep them safe. People's rights were protected because staff acted in accordance with the MCA. Staff acknowledged how important it was to involve people in making decisions some decisions may be too complex for a person living with dementia.

Where decisions were more complex, meetings were held so that decisions could be made which were in people's best interests involving other health and social care professionals and relatives where relevant. Records were maintained of these discussions, and showed who was involved and the outcome. All relatives we spoke with confirmed they had been asked about how their relative would like to be cared for and were kept informed about any changes in care. One relative told us, "They are very good and do ask us for our opinions." Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People had access to health and social care professionals. Staff told us the GP visited whenever required and was at the home reviewing people on the first day of our inspection. Another healthcare professional told us the staff were very good at communicating and people were safe. They also said, "The home has a good relationship with the GP surgery, their turnover of staff is almost zero and the management team are lovely, as are the nurses."

Other health and social care professionals were involved in supporting people. They included dieticians, physiotherapists, occupational therapists and speech and language therapists. Their advice had been included in the plan of care and acted upon where needed. Staff and the registered manager told us people were supported to see a dentist, optician and a chiropodist. Where people had been seen by a visiting health care professional, staff had recorded any treatment or follow up required.

The registered manager was able to demonstrate new staff were supported through a formal induction. Staff completed the Care Certificate that had been introduced. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. There is an expectation that all new staff working in the care industry should complete this induction during their first three months. New staff members were subject to a probationary period at the end of which their competence and suitability was assessed. New staff worked alongside more experienced staff and were not initially counted in the staff numbers to ensure they had protected shadowing time. This enabled them to gain confidence and get to know the people they were supporting. The registered manager was conducting an interview for a new nurse on the second day of our inspection.

Individual staff training records and an overview of completed staff training was maintained. The registered manager was able to demonstrate staff had completed health and safety, fire, first aid, moving and handling, safeguarding, MCA and DoLS training. A training plan was in place to ensure staff received regular training updates. Staff told us the training they had received had equipped them for their roles. A member of staff said, "The training is really good. There is plenty of it and we have our own trainer on the team."

Staff received regular supervision and an annual appraisal which enabled the registered manager to

formally monitor staff performance and provide staff with support to develop their skills and knowledge. This was to ensure people continued to receive high standards of care from staff that were well trained and felt supported. There were themed supervisions on a regular basis to improve staff knowledge. Discussions about areas such as hand and oral hygiene, pressure care, continence and managing falls were completed. One staff member said, "I have regular supervisions, an annual appraisal, training and I attend team meetings to ensure I am up to date."

People were asked what meals they preferred and this was incorporated into the menu planning. Information was available to the chef on any specialist diets and if anyone required fortified meals because of weight loss their needs were met. Staff confirmed that they were aware of this information and were knowledgeable about the dietary needs of people. There was a menu board outside the kitchen so that people could see what was available. In addition, staff asked people what they would like each day for lunch and tea as an alternative if they did not like the food on offer. For people living with dementia, the staff showed people two plates of food as a visual aid so they could choose which one they would like. People told us they enjoyed the food. The staff were working closely with the GP on monitoring weight gain and loss and the promotion of healthy eating. Where people were at risk, staff were recording what meals people had eaten and any refusals. People were weighed monthly to monitor their weight.

We found where people received support with liquid nutrition through a Percutaneous Endoscopic Gastrostomy (PEG) tube, guidance was clearly recorded. For example, for one person with a PEG feed there was clear detail, guidance and instruction from the PEG feeds nurse about the feed programme, the relevant equipment and how to support the person effectively to maintain their health and wellbeing. There was information about when to flush the equipment and guidance on how to do this correctly to help ensure the person received effective care in accordance with their assessed needs.

Relatives were invited to join people for meals if they wished. One relative said, "I spent the whole day here on Christmas day with [the person]. The lunch was fantastic and the chef came in to start cooking at 5am, which he didn't have to do." A feedback book about the food and drinks on offer was available for people and relatives to write in. This was placed at the entrance of the dining area. One person said, 'I don't like fish but I had an omelette instead.' One relative said, "The food is to die for. We had a large fish and chips for lunch and it was amazing."

Good

Is the service caring?

Our findings

There were positive comments about the staff. People using the service told us, "The staff are helpful and caring." Another person said, "It's great, I go out to lots of places. The staff take me out in the minibus." One relative said, "[The person] goes out loads and the staff are doing an amazing job, they are lovely." A staff member said, "I'm so happy working here, it's lovely. I have a good rapport with everyone."

We observed staff knocking on doors and waiting for people to confirm they could enter. Staff closed bedroom doors when supporting people with personal care. Staff were heard asking permission and consent to assist people, offering reassurance and explaining to them what they were doing. Relatives confirmed that when personal care was delivered this was completed in a way that maintained their relative's privacy and dignity. This demonstrated staff respected the person's rights to privacy and their involvement.

People told us they liked the staff that supported them. Throughout the day we observed all staff, from housekeeping staff, to the cook, to the care staff spending time with people engaged in conversations or taking part in activities. People were offered a daily newspaper and a cart was available selling sweets. There was a sense of fun which the staff were promoting for people.

Staff knew they needed to spend time with people to be caring and have concern for their wellbeing. Staff told us they were sufficient staff to enable them to spend time on a 'one to one' basis with people. Staff told us personal care was not rushed enabling staff to spend quality time with people. However, one member of staff was concerned that they felt torn sometimes when some people required more support which meant they may not spend as much time with others who may be quieter.

People looked well cared for. This included ensuring people had their glasses. Some ladies had painted nails and others had jewellery that matched their outfits and people's hair looked clean and groomed. People's care plans included what was important to them. One relative said, "The staff are very good. [The person] is always clean and tidy. The staff will do her nails and hair which is nice. Staff know her likes and dislikes and will help her to get dressed into what she wants to wear. One time she refused to get dressed so they left for a while and then came back later which was really good."

Staff described people in a positive manner and they were knowledgeable about people's life histories and important family contacts. We spent some time in the lounge and dining areas observing interactions between staff and people. Staff were respectful and spoke to people kindly and with consideration. Staff were unrushed and caring in their attitude towards people.

We observed that staff frequently engaged with people, acknowledging them when entering or leaving the room with a smile or wave. People were clearly at ease with staff. We observed a person in the lounge on the ground floor being supported by staff when being hoisted from their armchair to wheelchair. Staff took time to slowly explain to the person what they were doing, ensuring the person understood and agreed as they did it. Each part of the process was communicated, for example the staff member said, "We are going up

now" when initially starting the procedure. Throughout the procedure staff were heard to ask, "Is that ok" and, "Is everything ok" several times. The person communicated with staff continuously and appeared at ease and relaxed during the hoist.

We reviewed a selection of the 42 compliment cards sent to the service in 2016 that showed very positive feedback and was consistent with people's views about the staff employed at the service that we obtained during the inspection. For example, within one card a person's relative wrote, 'We are truly grateful for Lavender Lodge who looked after my Mum so well towards the end of her life with love and compassion.' Another relative wrote, 'My family and I were delighted with the end of life care my Father received at Lavender Lodge. Although his time was short the care was kind and dedicated.' A further comment was, 'The staff is always extremely kind, caring and helpful. The best decision I ever made for my Mother's care was moving her to Lavender Lodge. My gratitude to staff is immeasurable.'

People had a service user guide available to them. This gave people important information about the service commencing with its aims and philosophies. It also explained the management structure and arrangements in the service. Information on care reviews was available. There was information about coffee mornings and other activities available, together with menus and information about the quality assurance surveys. Information on how to make a complaint was also within the guide. This meant people received important information about the service.

The provider encouraged people or their relatives to use a national website to give feedback on the service. There was information about the website displayed in the main entrances to the service. The service had received 18 reviews since December 2015. All were very positive. An extract from the review read, 'Mum was a resident for only a month before sadly passing away, but during her short stay she was treated with dignity, kindness and love. The carers looked after her with tenderness and compassion. Staff were always welcoming, friendly and were quick to update me on how she had been between my visits and to consult with me if they had any concerns.' All of the people who visited this website recommended Lavender Lodge to others.

People could be visited by their friends and relatives at any time of day. There were no restrictions on people's relatives or friends visiting the service and relatives were welcomed. This meant that people living in the service were not isolated from those closest to them. During our inspection several visitors came to the service to see people. It was clear that staff knew the visitors well when we heard them speaking with them.

Good

Is the service responsive?

Our findings

People and their relatives were positive when they spoke of the responsiveness of staff at the service. All of the feedback we received was positive when people were asked if their care needs were met. One person we spoke with told us, "They are brilliant here." A relative we spoke with said, "They are absolutely wonderful. The staff are phenomenal – I can't fault it." Another comment we received from a relative was, "I have complete faith in all of the staff, they are very aware of my Mother's needs."

We observed staff being responsive to people's needs throughout the inspection. Call bells were answered quickly when they rang and people were observed to have the correct mobility equipment to hand. Where people had limited mobility, or were nursed in their bed due to poor health, we observe they had call bells to hand. Due to their frailty, some people were unable to hold or operate a call bell. We spoke with the registered manager about this and asked how they ensured people's needs were met. They told us staff on the different floors were aware of people's needs and abilities and people were frequently checked. During our observations on all three floors we observed staff monitored people as required.

There was a comprehensive pre-admission process that ensured the service could be responsive to people's needs when they moved into the service. Following a pre-admission assessment in people's homes or other healthcare settings, a pre-admission summary was produced. This ensured staff had an immediate 'pen picture' of the person they were caring for. The summary included information on the person's personal care requirements, their nutritional and mobility needs, their communication preferences, continence needs and hobbies and interests. This document aimed to ensure staff had relevant, personalised information to enable them to support people in line with their needs and preferences.

Care plans were clear and concise and contained information relevant and important to the people to whom they related. In addition to risk assessments and risk management guidance, care plans contained personalised information to support staff in providing individualised care. We also saw that care plans had been created with the involvement of people's relatives and people at the service where possible. For example, within people's records it detailed how they preferred their personal care to be given or how they wished to spend their time. There was a system to regularly review care records and the information within them. People and their relatives confirmed they were involved in care reviews. One relative told us, "I am involved and invited in to go through their [person living at the service] care plan."

Care records showed additional information about people's life histories. There was a document within care records that enabled the life history and social needs of people living with dementia to be communicated to staff and other healthcare professionals. It had information such as a person's life history, for example their employment and current or past interests. It showed information on the sports the person liked, if they were married or had children, the occupation of their children and if they had any grandchildren. Information of this nature can guide and aid staff when communicating with people living with dementia as it may trigger memories and encourage the person to communicate.

Care records gave examples of where the service had been responsive to people's needs. For example, one

record we reviewed related to the identification and management of a pressure ulcer on a person's body. Records showed that a photograph of the ulcer was taken, a body map record created and information about the ulcer recorded. The service had contacted a Tissue Viability Nurse (TVN) and a plan of care had been created. The information contained within the 'wound plan' detailed the care management of the wound in relation to cleaning, dressing changes and repositioning. Records showed that the guidance had been followed as directed.

There were systems to communicate key messages to staff to ensure people's changing needs were met. In addition to communicating through staff meetings, the service held a daily head of department meeting known as the '10 at 11' meeting. This was a short meeting to ensure that key messages were communicated daily to relevant senior staff members. The records we reviewed showed that matters such as people's care needs and staffing, maintenance work, kitchen issues or housekeeping matters were raised. In addition, new admissions to the service and personal information such as when it was a person's birthday was highlighted to ensure awareness.

There were systems to ensure that key information was communicated to relevant healthcare professionals through recognised support networks. For example, the service was enrolled onto a single point access scheme with local healthcare professionals. This meant that access to healthcare professionals such as physiotherapists, speech and language therapists, Parkinson's and diabetic nurses, occupational therapists and dental professionals could be co-ordinated through a central number. The service was also registered with a scheme involving the local hospital and ambulance service. The service ensured information about people was recorded on a central information system that could be accessed by the hospital and ambulance staff. The information included the person's medical history, their resuscitation status, their mobility and communication needs together with any associated risks. This meant that in the event of an emergency or hospital admission, key information was immediately available to the relevant healthcare professionals.

A range of daily activities were available for people to participate in. There were designated activities co-ordinators in the service. People were observed engaged in activities throughout the day which were mixed and varied. People were continually encouraged during the activity and supported where needed. There was a variety of activities available for people to participate in, for example arts and crafts, board games, dough craft, exercise ball games, bingo, skittles and painting. People, where possible, also had the opportunity to access the local community in the mini-bus owned by the provider. Some people we spoke during the inspection told us they were going to the local pub that day. External music was also provided as an activity and a local 'pat dog' was a favourite amongst people and visited on the second day of our inspection. The registered manager also explained how the son of a person who formally lived at the service had arranged a boat trip for people in September 2016.

The registered manager sought the views of people and their relatives through communication at meetings and had responded to observations made by people and their families. A monthly meeting was held and dates and times for these were displayed in communal areas of the service for all the forecast meetings in 2017. We saw from previous meeting minutes that the registered manager and people's families had discussed matters such as activities, meals and outings to the local community. Where matters were raised, an on-going action plan had been produced that showed the action taken by the service, demonstrating how they listened and responded to people's needs, preferences and ideas.

The action plan was also discussed monthly at the meetings to communicate what had been completed and what was progressing. There was also a copy of the action plan displayed in the communal areas of all three floors together with the minutes of the most recent meeting. This showed the service made the

information available to people who may not be in a position to attend the meetings. People and their relatives spoke positively of the meetings. One relative we spoke with said, "I feel included at the home." The registered manager had also ensured healthcare professionals had attended meetings to speak with people's relatives. A dementia specialist nurse had attended a previous meeting to speak with people's relatives. Relatives had requested this nurse attended again and this was in the process of being arranged.

People's views were also sought continually by the use of comment cards situated in the entrance foyer. The purpose of these cards was to receive continual feedback to improve the service if needed. The registered manager told us how they shared the information and encouraged staff to read the comment cards to ensure they were aware of the positive feedback being received about their care. The comment cards requested people left feedback on their thoughts and observations of staff attitude, staff appearance, the cleanliness of the service and their overall impressions. We reviewed a sample of recent comment cards that were all positive. Relative and visitor comments included, 'I am happy that I am part of the care for my husband' and, 'Warm and caring atmosphere – staff very helpful and friendly.' There were also systems in place whereby annual surveys were sent to people, their relatives and staff employed at the service to seek their views.

The service had a complaints procedure and this information was available to people and their relatives. The complaints procedure was also contained within people's service user guides. The complaints procedure gave guidance on how to make a complaint and the timelines and manner in which the service would respond. There was information on how to escalate a complaint to the government ombudsman should people wish to contact this department. Complaints were subject to a monthly review and the complaints we reviewed had been responded to in line with the provider's policy.

Outstanding ☆

Is the service well-led?

Our findings

When we spoke with people and their relatives we received a high level of excellent feedback about the registered manager and the overall management of the service. Relatives commented positively about their involvement in care planning and activities. One commented, "I would go straight to the manager it there was anything untoward and I know she would sort it out." Another comment we received from a relative was, "[Registered manager] and [Deputy Manager] are fantastic, I have struggled with a lot of this [admission of relative to service and in acceptance of parent being diagnosed with dementia] and they have really helped me through."

A visiting healthcare professional we spoke with also spoke of strong leadership and told us this had a positive impact on the people at the service. They gave an example of how the registered manager worked proactively with them to ensure they were following best practice. They commented, "The management are lovely. It's a close knit team and the staff are fully supported. They are very interactive and communication is good. The manager attends regular forums and we are working together to improve end of life care plans to make them better."

We spoke with the registered manager about their approach to leadership. They spoke of their motto which was, 'We are not a team because we work together, we are a team because we respect, trust and care for each other.' The registered manager explained how they worked alongside their staff to support them. They explained how they had learned to, "Listen more, learn, echo and lead their staff." They told us that, "I am a leader in front of them, but at the same time will work beside or behind them. The more I relate to people the more I can influence them." This demonstrated an innovative approach to leadership to achieve the best from staff. A relative commented, "The manager is always around. Everyone seems to share responsibilities. I saw the manager helping with the tea trolley."

Staff we spoke with were positive when asked about the leadership and management of the service. All of the feedback we received was positive. When asked about their employment, one member of staff commented, "I feel really supported. I was placed on a senior carer's course to improve my knowledge in nursing. I asked the manager for this and it was authorised. I get regular supervisions and the team is brilliant." Another member of staff gave positive feedback and said, "I've been here a long time. My manager and colleagues are the best." A further comment we received from a staff member was, "I can ask the manager anything, she is really approachable. She asks us to feel free to ask anything." This demonstrated the registered manager put their visions into practice and staff were motivated and supported by the way the service was managed.

The registered manager explained how staff were bought a gift every Christmas as a sign of appreciation. Staff birthdays were also acknowledged. In addition, there was also a monthly staff incentive scheme whereby staff members could be nominated by their colleagues, people, their relatives or visiting healthcare professionals for recognition of their good care or 'going the extra mile.' The winner of this scheme received a financial incentive by means of a voucher as a reward for receiving the most recommendations.

The registered manager had ensured the service had strong and wide ranging links with the local community. There were multiple links with local community which had resulted in a positive benefit for people using the service. For example, the service had recently secured funding from the Princes' Trust and this had resulted in volunteers attending the service over five days and renovating the outside balcony area on the first floor where people living with dementia were accommodated. The balcony area was now bright and colourful and people frequently used this area in the summer. The registered manager explained how they had produced a certificate of thanks and got the volunteers from the Trust a small gift to show appreciation.

Other links with the community that had been formed were with the local school that performed a choir service at Christmas. Links had also recently been formed with the local sixth form college co-ordinator and students studying a Health and Social Care qualification would attend for work experience. The registered manager completed the necessary risk assessments and Disclosure and Barring checks prior to the students arriving. The service also periodically ran coffee mornings for Macmillan Cancer Support and was involved in annual fundraising for a children's cancer charity. The registered manager ensured that 'Wear it Pink' days were held whereby staff and people at the service wore a pink item of clothing for breast cancer awareness and some fundraising took place. The registered manager explained how they supplied pink hats to people who didn't have pink clothing to ensure inclusion if they wished.

Other links formed by the registered manager included having volunteers in the service. There were currently volunteers who attended the service periodically and played music for people. Links had recently been made with the local 'Sisterhood Group' who were a group of 10 volunteers who will attend the service monthly and hold things such as arts and crafts sessions with people, play board games and have tea parties. For people that accessed facilities in the local community, the registered manager had liaised with different services to support people and the service. For example, the local public house had given discount cards to people for food and drink, and the local garden centre that people regularly attended had donated a Christmas tree and decorative lights to the service.

For people who were unable to access the community, a mobile clothing supplier attended the service annually. People and their relatives attended this and the registered manager told us the idea was to create a shopping experience for people who could not go out shopping. This event was also used as a tea, cake and biscuit event for people and their relatives. In addition to this, the registered manager explained how a 'table top sale' was held where people and their relatives would sell items they no longer needed or used. All proceeds of this sale were reinvested back into the service and used to fund a BBQ or party to ensure people at the service benefitted.

The registered manager had recently engaged with a local knitting club following the introduction to the club from a relative. Following this introduction, the registered manager met with members of the club. Since then, and with funding for the materials from the service, the knitting club have been creating sensory items for people living at the service. These items were knitted and contained sensory and stimulating items, such as buttons and keys. These sensory items were primarily designed for people living with dementia as a form of stimulation and an item for people to hold and use. During our observations on the first floor where people living with dementia were living, we saw people using these sensory aids. This link with the local club benefited people living with dementia as sensory stimulation has been shown to improve people's quality of life.

The registered manager explained they felt the purpose of the service was to create a positive impact on people's lives. They told us they felt the aim of their purpose and that of the staff was to, "Touch the lives of the resident's and make a difference." We asked for examples of this had recently been achieved. The

registered manager gave some examples. They told recently of how they had arranged for a 'Milestone Day' involving the renewal of vows for a person at the service and their husband on their 60th wedding anniversary. This had involved the purchasing of rings and ordering a cake, whilst decorating the downstairs dining area in suitable decoration. A photo of their wedding day 60 years ago had been obtained and an order of service produced for them. The children of the couple were involved in the service and other people in Lavender Lodge were invited to the ceremony and refreshments. The pictures taken showed a successful day was achieved. A comment on a national website left by the person's son following the event read, "An excellent effort was made by all to ensure a very well organised celebration and without disruption to the ordinary function of the home. Staff really deserve much praise. It is always a pleasure to visit my Mum but this was above and beyond the norm - my parents Diamond Wedding Celebration."

A further example given was of an annual memorial service. The most recent was held during December 2016. This was an event where current people at the service, the staff and relatives of people who had passed away during the previous year could come together as a mark of respect and support. The programme for the event showed that all were welcomed by the registered manager and poems were read. There was a 'Tree of Remembrance' in a communal area within the service and relatives or staff were invited hang the name of the person who had passed away on a small card on the tree. This was then followed by Christmas carols and the release of balloons outside, one balloon representing each person that had passed away. There were then refreshments on offer and the opportunity for people and their relatives to talk with staff.

The registered manager also explained how they, or a member of staff, attended the funeral of a person who had passed away as a mark of respect. They created a framed photo for the family of the person who had passed away, picturing them during a happy period at Lavender Lodge as a lasting memory of the person for their family. Within this framed photo we also saw that the words, 'It was an honour and privilege to have served him/her' were printed. The registered manager told us this was representative of how they felt. They told us, "I want to leave a memory in the life of the families of our residents."

There were systems that monitored the quality of service provided. The service had a 'Resident of the Day' scheme in operation to ensure people were happy with various different aspects of their care and support. In addition, there was a 'Quality Indicator Audit' that was a clinical governance audit system in operation. Audit records showed how many people, if any, had a pressure ulcer, if they had any skin tears or had experienced a significant weight loss. Also within this audit, the use of bed rails and any infections or illnesses people had acquired was highlighted. Safeguarding referrals and the number of compliments or complaints received that month was also reviewed.

Systems that monitored significant events ensured that where required, the management of the service could review reported events to address them and reduce the risk of repetition. For example, events such as a staff member having to call the out of hours GP were reviewed, together with any sudden illnesses or unexpected deaths. Any medication errors were reviewed together with any staff incidents and accidents. Where required, matters were communicated to staff during scheduled meetings; however more urgent messages were communicated to staff immediately. This was completed by ensuring significant information was recorded during shift handovers or discussed at the daily meeting with senior personnel in order for the information to be disseminated.

Provider level audits were completed to ensure the service was delivering care and treatment in accordance with requirements. A monthly provider home visit report was completed. We saw from an audit dated November 2016 that matters such as the environment and staffing was monitored in addition to care service. This audit showed that during a review of wound care, a small number of areas for improvement in

wound care management were identified and addressed with the registered manager. Other matters identified were care plan discrepancies and photographs on medicine records required updating. These had been addressed and showed that these audits were effective in driving improvement within the service.

A larger, annual audit was also completed by a senior manager. This monitored all operational aspects of the service, for example the finance and administration, safeguarding, health and safety, training, care planning, social activities and end of life care. Following this audit, a progressive action plan was created to adjust or improve current practice as required. The audit plan showed what action was required and by whom. The current audit plan showed that progress was being made by the service in line with senior management requirements. The provider also completed an estates visit to ensure the environment, equipment and maintenance of the service was at the required standard.

The service was a member of Hampshire Care Association and the registered manager attended meetings and training days provided by the organisation. The meetings ensured the registered manager was aware of current guidance, legislation and best practice. The registered manager felt supported by the provider through supervision, appraisal and meetings and conferences they attended. They were aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that notifications had been sent when required. The Provider Information Return (PIR) we requested was completed by the registered manager and the PIR was returned as required.