

Lavender Court Care Home Ltd

Lavender Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lavender Court Care Home is a residential care home that provides personal care for up to 36 predominantly older people, some of whom are living with dementia. Fifteen people currently lived at the service. The home had two floors. There was a range of sharing dining and lounge areas, although due to the low number of people living there the second floor was not being used at the time of this inspection.

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

At the previous inspection there had been some instability in the management team. At this inspection the service manager had applied, to register with the Care Quality Commission (CQC). This would meet the condition of registration for the location Lavender Court.

The manager provided effective leadership. Staff told us they had been well supported and reported the manager had made significant improvements within the service.

The service's governance arrangements were effective, and action had been taken to address and resolve the breach of the regulations identified at our last inspection.

The service had developed how it assessed, reported and responded to risks. Staff had been provided with guidance on the management of risks within the service and understood how to meet people's individual risks. There were sufficient staff deployed to meet people's needs and staff recruitment was on-going to ensure increases in resident numbers could be managed safely by suitable staffing levels.

Medicines were managed safely, and people received their medicines as prescribed. The systems in place to monitor the quality of care within the service were effective

Accidents had been investigated to identify areas of improvement or learning and to prevent similar incidents from reoccurring.

Everyone living at the service had a care plan which was regularly reviewed, and changes made where necessary.

Visiting arrangements for people's families had been facilitated, in line with government guidance at any given time, throughout the pandemic. Nominated relatives were able to make visits to see their loved ones, and this had been welcomed.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised. Management of the service had been vigilant in their approach to minimising the risk of COVID-19 infection, and procedures were in place to ensure people were protected.

Feedback from people and their relatives about the service's performance was valued by the manager and

any issues raised were investigated and action taken where necessary. The duty of candour was understood by the manager and relatives told us the service communicated with them effectively.

Rating at last inspection

The last rating for this service was Requires Improvement (published 7 October 2020).

Why we inspected

The inspection was carried out to follow up on the action we recommended the provider take at the last inspection. As a result, we carried out this focused inspection to review the key questions of Safe, Responsive and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our safe findings below.

Lavender Court Care 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 Care Act 2014.

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Lavender Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service manager had recently submitted an application to register with the Care Quality Commission in order to meet with its registration conditions.

Notice of inspection

This inspection was unannounced.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

During the inspection

We spoke with four people who used the service about their experience of the care provided and one relative. We spoke with six members of the staff team. We spoke with a visiting professional.

We reviewed a range of records. This included four people's care records, medicines records and maintenance records. We looked at three staff files in relation to recruitment and a variety of records relating to the management and monitoring of the service.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We gained the views of two professionals involved with 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection we found evidence the staff did not always have clear instruction and information to deliver safe and effective care. Instructions from professionals were not always being communicated to staff in a timely way. Equipment to support people had been delayed due to inaccurate records. At this inspection we found improvement in all areas ensuring people's safety was not compromised.
- An electronic care planning and monitoring system had been embedded and staff told us it was an improved system to communicate and record people's needs. One staff member told us, "It really is a good system and we get all the information we need from it."
- Where people required equipment to support them they had been assessed and the equipment put in place. For example, two people had air flow mattresses to reduce the risk of skin damage.
- Care plans included evidence of professional involvement and clear instruction for staff. For example, a person required a specific diet, and this had been recorded, reviewed and advice and guidance provided to the chef to ensure they had the correct diet plan.

At our last inspection we found no evidence that systems were either in place or robust enough to demonstrate safety was effectively managed. Accurate and complete records about decisions taken in relation to people's care were not maintained. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Risks were consistently assessed and managed. The provider had identified risks to people's health and wellbeing, within their care plans. Care plans were individual to the person and had guidance and strategies for staff on how to identify and manage their health risks.
- The service was only using the ground floor area at the time of inspection. This was due to reduced occupancy. However, the first floor remained ready for occupancy as numbers increased. A recent drainage issue had resulted in a leak and had resulted in closure of the conservatory; however, this was being addressed and would be repaired in the following few weeks. Equipment and utilities were regularly checked to ensure they were safe to use. People's rooms were personalised.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Staffing and recruitment

- The management team ensured sufficient numbers of suitably qualified staff were available to meet

peoples' needs. Staff confirmed staffing levels were sufficient and they were able to support people in a timely way.

- There were robust recruitment processes in place that included interviews, police record checks, employment history and references to check whether potential staff were safe to work with people. Staff told us their recruitment was a thorough process and they completed an induction programme prior to commencing work.
- All the people, relatives, staff and healthcare professionals we spoke with told us staffing levels were good for the numbers and needs of people using the service. There was an agreement with commissioners to increase occupancy on a week by week assessment, based on the service being able to meet the individual needs of people who were assessed to access the service. The manager and staff told us this was a good system because it was controlled and manageable. They said, "It was difficult earlier in the year, but we are in a much better situation now," and "We are quite a new team (staff) but we really get on well and work well as a team". The service was continuing to increase staffing levels as occupancy levels were increased.

Using medicines safely

- Medicines were generally managed safely in the service. Medicines administration records were completed, as medicines were dispensed. Where people were assessed as competent to manage their own medicines the service supported this. There were systems in place to monitor this, so it was safe. Advice and guidance was also sought from health professionals.
- People received their medicines safely and in the way prescribed for them. A staff member said, "Everyone who administers medication has had training and has it updated."
- There were suitable arrangements for ordering, storing, administration and disposal of medicines including those needing cold-storage and those needing extra security.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was 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.
- We were assured that the provider was preventing visitors from catching and spreading infections.

Learning lessons when things go wrong

- The management team told us the whole team had continuously developed and reflected on keeping people and staff safe during the COVID-19 pandemic. This was to ensure the care delivery could respond to any situation and staff knowledge was enhanced from any lessons learnt from issues that may occur.
- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse.
- People told us they felt safe. Comments included, "I feel very safe here. Yes, all the staff are so kind and patient with me" and "They (staff) come when I need them. Yes, I feel very safe here."

- People were relaxed and comfortable with staff and had no hesitation in asking for help from them. A family member told us they were happy with the care their relative received and believed it was a safe service for them to live in. They said, "I have every confidence with the staff they are very kind."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- During the inspection in October 2019 we found some people's risks had not been recorded properly. There was evidence there was a lack of action by staff to respond to those risks. Some short stay care plans had limited information, reviews of care were not always taking place at regular intervals or when a person's needs changed. This meant staff were not able to identify people's current needs and provide them with suitable, safe and consistent care. At this inspection we found improvement in all areas.
- Care planning and reporting had been improved to ensure people's assessed needs were personalised. People's choices and preferences were understood by staff and the information was accurate and up to date. For example, staff had recognised and reported a deterioration in a person's mental health. By reporting this on the system senior staff were able to refer this to a professional in a timely way. Action to support this person had increased and this was reflected in the records.

At the inspection of October 2019, we found the service had failed to maintain accurate and complete records regarding people's care needs is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person-centred care.
- Some people required support with personal care and health-related needs. Each person received personalised care based on their level of need.
- Some people needed support to help them to move around. The care plans detailed the equipment required and how staff should support them. We observed staff supporting people with mobility equipment. Staff were confident when using equipment which supported their response to people's individual needs.

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

- The service was in the process of employing an activity coordinator in order to have a specific role to focus on activities for people using the service. The staff team currently dedicated time to support people in their

choice of activities.

- During the inspection we observed people being offered choice to go out with staff members. For example, one person liked to go into the town and to the boating lake opposite the service. A person told us, "I like to go out and see what's going on. It gets busy during summer and it's nice to see everyone on holiday enjoying themselves."
- Staff told us they had introduced cooking sessions with the chef, they had been successful and created a lot of interest.
- Some people living at the service were living with dementia. We discussed the benefit of exploring activities which would help with positive stimulation. The manager had also considered this and planned for this to be part of the activity programme.
- Where people wanted to read daily newspapers this was provided. We spoke with one person who enjoyed reading their daily newspaper and they told us, "I have always read the paper and it helps me keep up to date with what's going on in the world."

Improving care quality in response to complaints or concerns

- The manager told us there had not been any serious complaints made to the service, but that they kept records of any issues brought to their attention. We observed two of these concerns and they had been recorded and actioned.
- People told us they had not had reason to complain but felt confident to be able to approach the registered managers, or staff with any issues. One person said, "I have not had any reason to complain, but if I wasn't happy about something I would go straight to the manager. I do have confidence with them".
- There were no open complaints at the time of the inspection.

End of life care and support

- People were supported as they were approaching the end of their life.
- Staff worked in collaboration with other health care professionals to ensure people's symptoms were well managed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care staff adapted their communication style to suit the needs of people living in the service. We observed people and staff communicated openly using a range of verbal and non-verbal communications which people fully understood and responded to positively. We saw this enabled people to be fully involved in communicating their needs and preferences with members of the staff team.
- Care plans contained information about communication for example, recording any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- During the two previous inspections governance arrangements were not satisfactory. During this inspection we found evidence the provider had improved all areas of governance as seen in previous sections of this report. There was now a consistent management team in place and good oversight of the service, including regular auditing and effective communication. The service had developed close links with health and social care services for support and advice. At the time of the inspection a healthcare practitioner was carrying out a weekly visit. They told us the manager and staff acted on advice and guidance they might provide.

During the inspection of the service in October 2019 and the last inspection in September 2020 we found the provider did not have satisfactory governance arrangements for oversight of the service. This contributed to a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was currently a reduction in occupancy to allow the service to recruit additional staff and carefully manage admissions. This was to ensure they had the necessary capacity and skills mix to meet people's needs. Staff consistently told us this had been beneficial and had given them time to form a strong staff team.
- The management team were clear about their roles and responsibilities. The manager was supported by the provider. There were also senior care workers supporting and reporting to the management team.
- Regular audits took place, and these were completed by the management team and overseen by the operations manager. These included checks on people's health, social needs and the environment.
- There were systems in place to learn from mistakes and admit when things had gone wrong.
- CQC were notified of incidents and events in line with legislation.

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

- The provider and manager understood their responsibility to the duty of candour and told relatives and people where things had gone wrong and what was being done to improve.
- There was regular engagement between the manager and senior management team. Staff were supported by the management team to share good practice and learning across the service. This allowed management the opportunity to reflect on current practice within the service, as well as driving discussion about how to constantly improve the provision of care.
- Staff told us the manager was visible and approachable. They took an active role in the day to day operation of the service and continually supported all stakeholders.
- Staff told us it was a good place to work where they felt valued by the management team and supported each other. They said this helped to create a family type environment for people to live in. One staff member said, "We are quite a new team but have bonded really well and support each other."

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

- There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. A health professional told us the service was supportive during visits. A staff member told us, "I feel really valued and encouraged to share information and my thoughts about things".
- The provider used an annual survey as well as regular one to one conversation with people and their families to gain their views. The most recent survey was positive. However, the sample size was small. Two surveys each for people using the service, relatives and professionals. This small sample size did not give a balanced overview. We discussed this with the provider who agreed to gain a larger sample for a more meaningful result. However, people and relatives consistently told us they were satisfied with the service they received.
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. This was reinforced through training.

Working in partnership with others

- Staff at Lavender Court worked in partnership with other services and organisations such as GPs, mental health teams, community nurses and other healthcare professionals involved in people's care.
- Staff sought out appropriate guidance, and advice by health professionals was used to ensure the safety and wellbeing of people was maintained.
- The service worked in partnership with other agencies to achieve positive health and wellbeing outcomes for people.