Porthaven Care Homes No 2 Limited

Lavender Oaks Care Home

Inspection report

4 Metcalfe Avenue
Carshalton
Surrey
SM5 4AQ

Tel: 08081642522
Website: www.porthaven.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 18 September 2018.

This was the first inspection of regulated activity at Lavender Oaks Care Home since it registered with the Care Quality Commission in October 2017. Lavender Oaks Care Home is a 'care home'. People in care homes receive accommodation, nursing and personal care as 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 is registered to provide accommodation, nursing and personal care for up to 75 people. Since opening the service has taken a gradual approach to admissions. At the time of our inspection there were 26 people living in the service.

The service had a registered manager in post. 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 2008 and associated Regulations about how the service is run.

Staff were trained to protect people from mistreatment and the risks of avoidable harm. There were enough nursing and care staff to ensure care was delivered safely at all times. Staff were recruited using robust procedures. Infection control practices and food safety protocols were in place to prevent the risk or spread of infection. An extensive range of checks were undertaken on a frequent basis to ensure the safety of the care home environment.

People had detailed holistic assessments in place and their care was delivered by trained and supervised staff. People ate well and their nutritional needs and preferences were met. People consented to the support staff provided and staff delivered support in line with mental capacity legislation and guidance. The provider placed an emphasis on meeting people's nutritional needs and preferences through a pleasurable social experience in attractive surrounds. The premises was purpose built with a high quality décor.

Staff were caring and kind to people and worked towards getting to know people well. People were supported to have their communication needs assessed and met. Staff treated people with dignity and respect and enabled people to maintain relationships with loved ones.

People's support was delivered in line with detailed and regularly reviewed care plans which reflected their preferences and assessed needs. Staff supported people to engage in a wide range of activities. Measures were in place to protect those who chose not to join in group activities from feeling socially isolated. Among the facilitates available to people was a cinema, activity room, hairdressing salon and a private dining room.

The registered manager led a senior leadership team which had clearly defined roles and responsibilities. There was an open culture within the service and feedback from people, relatives and staff was regularly

sought. The quality of care and support people received was subject to in-depth checks and audits. The provider utilised the services of external agencies to achieve positive outcomes for people and engaged in partnership working within the local community.

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. Staff understood the provider's safeguarding procedures and the actions they should take to protect people from abuse.

Staff assessed people's risks and the regularly reviewed plans in place to mitigate them.

The provider used robust recruitment methods and provided enough staff to meet people's needs safely.

People consistently received their medicines safely as prescribed.

Staff infection prevention practices as well as health and safety checks kept people safe.

Is the service effective?

Good

The service was effective. People were supported by staff who received on-going training to develop their skills and knowledge.

Staff assessed people's needs and reassessed them as their needs changed.

Staff were supported and supervised by the registered manager and the senior leadership team.

Staff understood their roles and people's rights in relation to the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards.

People were supported to have a high-quality dining experience.

Is the service caring?

Good

The service was caring. People and their relatives told us staff were kind and caring.

Staff treated people with dignity and respect.

People were supported to maintain important relationships.

People's communication needs were identified and supported.

Is the service responsive?

Good

The service was responsive. People had detailed care plans in place describing how their assessed needs would be met.

Staff provided people with individualised care and support.

The service was responsive to people's preferences and changing needs.

A wide range of activities was available for people to participate in.

People were protected from social isolation.

Is the service well-led?

Good

The service was well-led. There was a registered manager in post and a clearly defined management structure was in place.

People, relatives and staff were encouraged to share their views and these were acted upon.

Robust quality assurance processes were in place.

The service worked in partnership with external agencies.

Lavender Oaks Care 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 checked 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 took place on 18 September 2018. It was undertaken by two inspectors, one nursing specialist advisor and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to share with us some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with eight people, four relatives, one volunteer and eight staff. We also spoke with the team leader, maintenance technician, training officer, activity coordinator, head chef, deputy manager, registered manager and regional manager. We read 13 people's care records including their needs assessments, support plans, risk assessments and medicines administration records. We reviewed seven staff files which included recruitment and training information and records of staff supervision meetings. We reviewed the provider's quality assurance audits as well as their health and safety, fire safety, food safety and infection control practices. We also carried out general observations. Following the inspection, we contacted five health and social care professionals for their views regarding the service. Two responded.

Good

Is the service safe?

Our findings

People living at Lavender Oaks felt safe. One person told us, "I feel safe here the staff are very pleasant." Another person said, "I feel very safe. There is always somebody here at night before when I lived at home I got anxious at night being on my own." The relatives of people we spoke with made similar comments. One relative told us, "My [family member] is absolutely safe here because they have put everything into this place to make sure that no accident can take place as best as they can."

People were kept safe by the provider's safeguarding procedures and the safeguarding knowledge of staff. All of the staff we spoke with were aware of the signs that a person may have experienced or be at risk of abuse and were able to tell us the actions they would take. Staff also told us they would feel able and supported to challenge other colleagues should there be concerns regarding their practice. Safeguarding training was mandatory for all staff and a programme of refresher training was in place.

The possibility of people experiencing avoidable harm was reduced by the assessments of risk undertaken by staff. People were supported to have generic and specific risk assessments. Where risks were identified actions were taken to maintain people's safety. For example, people who were at risk of falls from their beds were supported by actions which included lowering beds at night to reduce the height they might fall from. One person told us, "Staff have put padded squares on the floor near my bed in case I fall." The placing of safety mats beside people's beds was designed to reduce the impact of any accidental falls. Falls sensors were in place to immediately alert staff to events. People at risk of falls were referred to healthcare professionals for assessments and staff followed their guidelines and recommendations.

People had access to systems for summoning help should they require it. Call bells were located around the building in people's rooms and in communal areas. This enable people to alert staff to their need for assistance. Additionally, the service provided people with pendent alarms which people wore around their necks. People told us these were reassuring as the pendent alarms could be activated if they experienced a fall out of sight of staff or if they experienced any swallowing difficulties whilst eating.

Staff supported people's behavioural support needs. Where people presented with behaviours which could be challenging to staff and other people living at the service, referrals were made to healthcare specialists. The assessments undertaken by these specialists informed people's care plans. Staff were trained to pre-empt behaviours and to manage behaviours safely when they occurred. Staff told us they used techniques such as distraction, diversion and redirection when behaviours were displayed and emphasized the importance of reassuring people to reduce their anxieties.

Staff were deployed in sufficient numbers to ensure people's needs were met in a personalised and safe way. People told us they thought there were enough staff available. One person told us, "From my point of view there is enough staff." The service did not use agency staff and had capacity to cover all planned and unplanned staff leave.

People were protected against the risk of receiving care from unsuitable staff. Robust recruitment and

selection processes were in place. Completed application forms were obtained from all candidates and any gaps within them were queried. Interview notes showed that candidates were asked questions relevant to the role they applied for. This meant nurses, care staff, cleaning staff and kitchen staff were asked questions which confirmed their knowledge, experience and suitability. The provider took up a minimum of two references for staff and checked them for authenticity if they were not provided on headed paper. All staff successfully passed checks against criminal records and lists of people barred from working with vulnerable adults.

People received their medicines safely and in line with the prescriber's instructions. Medicines were administered by registered nurses or care staff with medicines administration training. One relative told us, "Staff help [family member] with their medicine and tell them what it is for." Staff made contemporaneous entries into people's electronic medicines administration record [MAR] systems which were regularly reviewed by the registered manager and deputy manager. People's medicines were appropriately stored in clinic rooms. The medicines trolley was safely secured to a wall when not in use with its doors locked. Medicines which required specific cold-storage such as eye drops were located in a medicines fridge. Staff monitored the temperature of this refrigerated area each day. Medicines which have high risks associated with their misuse are termed 'controlled drugs'. We found the provider applied additional security measures to the management of these medicines including a separate, secured storage area and increased checks, monitoring and recording.

People were protected by the staff practices which reduced infection risks when providing personal care and when preparing and handling food. Staff wore personal protective equipment (PPE) when delivering personal care to people. PPE included disposable gloves and aprons. PPE was also worn by staff during food preparation. Food temperatures were checked in the kitchen and in the dining areas prior to being served to people to ensure its safety. All Lavender Oaks Care Home staff undertook food safety training, with kitchen staff trained to a higher level. Kitchen staff followed a comprehensive programme of cleaning within the kitchen area and the service received a food hygiene rating of five out of five stars when inspected by the Food Standards Agency.

The environment of the care home was clean and maintained to a high standard. There were no unpleasant smells. Corridors were wide and well-lit enabling people to move freely around. Communal toilets had hand wash and towels. Management and staff undertook regular checks to ensure the care home remained a safe environment for people. These checks included fire alarm, emergency lighting and call bell systems as well as checks of radiators, window restrictors and laundry facilities. Where specialists were required to undertake tests, we found these had taken place. Specialist checks included passenger lift maintenance, air conditioning and equipment supporting people to transfer.

The service sought to learn from mistakes and near misses which was assisted by an open culture of reporting. Clinical governance structures were in place and records of meetings showed discussion and learning from errors and incidents. One healthcare professional told us, "We often receive learning reflections from [senior staff] when a situation has gone wrong, and they frequently ask for our opinions on how they can improve pathways and the care of people." The registered manager analysed incidents for trends and staff discussed clinical and caring issues in team meetings. Where near misses occurred, these were reviewed to prevent the possibility of them happening in the future. For example, following an incident in which a lift door closed on a person's hand the service undertook a review even though the lift doors had sprung open immediately and that the person had not been injured. The service liaised with lift maintenance engineers to reduce the speed at which the lift doors closed and increased the sensitivity of its closing mechanisms so they would open more quickly if an obstruction was detected.

Good

Is the service effective?

Our findings

People and their relatives participated in detailed assessments prior to receiving a service. Manager's undertook assessments referred to best practice guidance and reviewed people holistically. The assessments of people's needs included their physical and mental health, mobility, recreational and spiritual needs. As well as people's medicines, finances, risks and mental capacity. This meant the provider knew whether they were able to meet people's needs prior to offering a service.

People were supported by skilled staff. People we spoke with shared with us the view that staff were well trained. One person told us, "Yes the staff are very well trained. I say this because the staff go off on training sessions." Another person said, "I do think the staff are well trained and knowledgeable." Staff were supported to participate in a range of training sessions. These included privacy and dignity, safeguarding, equality and diversity, infection control, first aid and person-centred care. Staff also received training to meet people's specific needs such as dementia awareness and swallowing difficulties. To promote a strong culture of empathy within the staff team training included experiential elements. For example, during moving handling training staff experienced being transferred into wheelchairs and lifted using a hoist.

People's care and support was delivered by staff who were supervised. Staff had formal one to one meetings every three months. These comprised two supervision meetings, an annual appraisal and a mid-year review. The service had a supervision structure within which care teams were supervised by registered nurses and the registered nurses had supervision meetings with the deputy manager. We reviewed a sample of staff supervision records including those of care, nursing, kitchen and domestic staff as well as those of senior staff within the leadership team. These showed discussions around people's needs and staff being supported to reflect on their practice.

People's nutritional needs were assessed and met. The service emphasised the importance of dining as being pleasurable and social event. We observed people at lunch. We saw staff engaging with each person to ensure that they had a good dining experience. No-one was observed eating in silence or without support. The care homes' dining areas where bright and spacious and classical music played as people ate. One relative described the dining tables as, "Well dressed. They're really nicely set with nice cutlery, nice table clothes and napkins and nicely printed menus in frames. Just really very nice indeed." People told us they enjoyed the food they received. One person told us, "I like the food. I can find no fault with it." People's preferences were met at meal times. For example, one saw one person have a large of red wine with their lunch. Menus always contained alternatives. Additionally, the chef and kitchen department staff maintained individual lists of dishes people had previously requested when they declined the menu items or when their appetites were poor. People received the support they required to eat and drink safely. One relative told us, "Staff provide assistance with eating and drinking the food here." Where people required they were supported to use adapted cutlery and plates with fixed rim guards.

Staff supported people to access healthcare professionals as and when required. Care records showed that people received regular visits from chiropodists, opticians and physiotherapists. However, a number of people told us they had little by way of contact with their GPs. One person told us, "I have hardly seen a GP.

They don't come round regularly and it is a different doctor every time." Staff made health appointments for people and supported their attendance at them. One person told us, "The staff here helped me to go into hospital." Staff maintained records of people's changing health needs and recorded any outcomes from appointments.

Lavender Oaks Care Home is a purpose built care home that is wheelchair accessible throughout and meets the needs of the people who live there. The service has three dining areas and a bistro. The dining areas contained adaptable tables which could be raised to enable people using wheelchairs were able to tuck in comfortably and to dine with others. Each bedroom was equipped with an en-suite bathroom and there were facilities for double suites for couples. Bedrooms for couples also contained kitchenettes. All the care home's bedrooms had access to either an external balcony or patio area. Lavender Oaks Care Home had a large garden which contained paved pathways for people to walk through on even ground and raised flower beds so that people could participate in gardening without having to bend or stoop.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people lacked the capacity to make decisions around issues such as their health, welfare and finances, appropriate documentation was in place stating the names and legal responsibilities of relatives acting in their best interests. Staff sought people's consent before delivering care. One person told us, "The staff ask permission and explain what they are doing." Care records contained detailed records of people's mental capacity assessments and information detailing how they provided consent on a day to day basis.

Good

Is the service caring?

Our findings

People told us that the staff supporting them were caring and kind. One person told us, "The staff are very lovely and caring. They will bend over backwards." Another person told us, "I am well looked after." The relatives and healthcare professionals we spoke with shared similar opinions with us. One relative said, "The staff are 100 percent caring and considerate with everything about [family member]." One healthcare professional said, "I think the personal touches are great and the fact that all the staff seem to really care and know their residents inside out is great." We observed warmth and friendliness in the interactions between people and staff throughout our inspection.

Whilst the service was new, people and staff were getting to know each other well. People had personalised care records in their rooms into which staff entered any new information people chose to share. This enabled staff to gain greater insight into people's personal histories, likes and dislikes. Care records noted people's preferences and staff used these to deliver personalised care. For example, one person's care records stated they liked "Ovaltine with milk and sugar" at night whilst another person was noted to prefer, "Whisky and water before bed." A third person's care records informed staff that they required support, "To select a short TV programme to watch in bed before sleeping."

People received information about the service. Upon arrival at the care home people were given a 'Residents Information Folder'. This handbook contained information about the services being delivered to people at Lavender Oaks Residential Home including the provider's statement of purpose, details about the management team, health and beauty treatments available on site and access to healthcare services. People living with early onset dementia or who had impaired vision received their resident's folders in large print and on easier to read yellow paper.

People's communication needs were assessed. Where people had identified needs, these were supported by staff. Care records provided staff with guidance on supporting people's individual communication needs. For example, one person's care records stated, "[Person's name] may struggle to find the right words" and directed staff to make sure they clarified the person's understanding and choices. In another person's care records, it noted the importance of staff approaching a person with a, "smiley face." Where people were known to confuse their 'yes' and 'no' responses staff had guidance on confirming people's choices. One member of staff said, "It's really helpful when you know people well because you know when 'yes' means 'yes' and 'no' means 'no'. It's in the facial expression and body language. You just stay patient and confirm with people."

Staff treated people with dignity and respected their privacy. One person told us, "Staff respect our privacy and dignity for example they come quickly if you need to go to the toilet." Another person said, "Staff always knock the door before they come in." One person's relative said, "Staff totally respect [family member] and treat them well."

People were supported to maintain contact with those who were important to them. Where people chose to, staff supported them to write cards and letters to friends and family. One person told us, "I have my own

landline in my room." Relatives were made to feel welcome when they visited their family members. One relative told us, "I can't tell you enough how wonderful it is to come here. We spend hours here and get quality time with [family member]." Another family member told us, "Staff really involve family members."

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their individual needs. People were involved in the development of their care records which reflected their preferences. One person told us, "When I first came I was asked questions about my life, what my likes and dislikes were." People and their relatives were supported to participate in reviews of their care plans periodically or when their needs changed. People's care plans also stated the outcomes they wanted to achieve. For example, one person's care records noted their stated goal as being, "To take a few steps independently" using a wheeled walking frame.

In the months leading up to our inspection the provider migrated people's care plans from a paper based format to electronic care records. Electronic care records gave the provider an enhanced ability to identify and respond to trends across the service and changes to people's individual needs. For example, graphical information in the form of colour coded charts provided at-a-glance information regarding issues such as falls and DoLS across the service. For individuals, electronic care records contained charts and graphs showing information such as people's bowl movements, repositioning, nutrition and hydration. This enabled the provider to respond promptly to people's changing needs.

Staff delivered responsive care to meet people's preferences and specific needs. One relative told us, "Staff are very responsive. They arranged for my [family member] to get travel sickness tablets so they could travel further." In another example a person was supported to engage with a local pharmacy team who provided nicotine patches to enable them to give up smoking." Similarly, staff supported people to continue to pursue their hobbies when their needs changed. For example, one person who enjoyed reading found they were no longer able to do so as their eye sight deteriorated. Staff supported this person to access audible books.

People had personalised bedrooms. The service had 35 differently and distinctively styled bedrooms for people to choose from. One person told us, "I like living here, my room is pleasant." Another person said, "Overall I am happy and I like that my room opens onto the garden." People were supported to make their rooms homely and to display their personal belongings as they wished. For example, people had family photographs and mementos on the dressing tables, shelves and walls.

Lavender Oaks Care Home was designed to be a dementia friendly environment. Next to people's bedroom doors, when viewed from the corridor, were glass memory boxes. These were illuminated and built into the wall. This supported people's orientation as did the contrasting colours and visual prompts around the service. Visual prompts included pictorial signage indicating the use of rooms such as bathrooms and toilets. In another example, people's bathrooms contained mirrors on the inside of their cabinets rather than the outside. This practice was informed by research and designed to ensure that people living with dementia were not suddenly started by a reflection in the mirror they may not always recognise as their own.

Staff were trained in dementia awareness and supported people with a number of activities designed to stimulate, orientate and promote recall. Staff supported people to use interactive technology during

sessions in the activity room. Other activities promoting memory and stimulation included reminiscence sessions and story development sessions. In story development sessions people were encouraged to add lines to a story they were supported to develop and build it collaboratively towards an unpredictable end. This activity was designed to stimulate people's short-term memory. Staff wore name tags to remind people who they were and wore colour coded uniforms to aid people's recall of their roles. For example, nursing staff wore blue tunics and care staff wore lilac. There were also colours for kitchen and activities staff.

People were supported to engage in a range of activities. People and their relatives told us these were enjoyable. One person told us, "Yesterday I joined in a Tai chi class. We have a weekly activities programme. Today I am joining in volleyball at 11 am. I like playing scrabble. I never feel bored." Another person told us, "I do a little bit of gardening, which I love. We have a hairdressing salon. I go out as often as I can. On Friday we went out to the Beefeater for a meal. I have been to the local park and there was a trip to the seaside." A third person told us, I enjoy doing flower arranging, cake making, card making and walking around the garden. I go to the local parks. I also join in pilates." One relative told us, "[Family member] has joined in cooking, music and singing. They do quizzes and flower arranging and have been out to the garden centre and for fish and chips." An individual spa experience was available to people individually in communal bathrooms where the ambient temperature of the room could be adjusted as could lighting and mood music. People were supported spend time in the garden. The service had a gardening club were people were supported to tend raised flower beds in which they had grown spring onions and herbs such as Lavender. Those who wanted to were supported to go to the boundary of the care home's grounds which was situated next to a stables and a field roamed by horses. People told us they found this relaxing.

Staff took action to protect people against the risk of social isolation. For those that do not wish to participate in group activities, or because of their specific needs, individual activities were provided in their bedrooms. For example, we saw one person playing a game of backgammon in their room with a member of staff. The service used volunteers to provide additional activities to people in their bedrooms. These activities included book reading, crosswords and puzzle making. People who preferred their own company had their choice respected. One person told us, "I don't have to do any activities but there are several on offer. I don't get pressurised to join in. I spend my day reading, sitting outside and occasionally I go for a walk in the garden."

The service provided entertainment to people in a number of forms. The service had a large purpose-built cinema. It contained rows of large comfortable wing backed chairs, each with their own foot rests, in which people sat beneath a twinkling star effect ceiling. Films were shown on a large floor-to-ceiling, wall-to-wall screen which was hidden by cinema-style heavy curtains until performances began. The service had a wide range of contemporary and classic films for people to watch and people also watched major sporting events on the big screen. These included the World Cup and Wimbledon tennis. The service hosted visiting entertainers on a regular basis. On the day of our inspection a singer entertained people and we saw many people, relatives and staff dancing. The service also offered a private dining area where people were supported to host parties for relatives and friends.

The service was introducing a keyworking system. A keyworker is a member of staff with specific responsibilities towards individual people. For example, key workers support people to select and engage in activities, buy clothes and toiletries, share one on one time and liaise with relatives. Whilst none of the people we spoke with had an identified keyworker at the time of the inspection, both people and staff told us they looked forward to keyworking relationships being established.

The service had a clear complaints procedure which was readily available to people. People told us they knew how to complain but had not had cause to. One person told us, "I would complain to the manager if I

were not happy." Another person said, "I don't have any complaints at the moment." The provider's policy required the registered manager to investigate complaints and respond to the complainant. The registered manager understood their role and the timeframe in which to respond to people's concerns.

People identified as being on an end of life pathway were supported with end of life assessments, advanced care plans and the involvement of healthcare professionals who were specialists in end of life care. The provider ensured that facilities were made available for relatives to stay at the service so they could be with their loved ones as they passed away. Staff and representatives from the service attended people's funerals and we found that some bereaved relatives continued to maintain relationships with the service including becoming volunteers at it. A healthcare professional explained to us the training they provide to staff delivering care to people at the end of life. This training included pain assessment and management, symptom control in the last few days of life and bereavement. This meant staff had the skills, knowledge and professional support to ensure people were treated compassionately and to die without pain.

Good

Is the service well-led?

Our findings

People, relatives, staff and healthcare professionals were positive about the registered manager and her senior leadership team. One person told us, "This is a well-run home. Everybody knows what they are doing from behind the scenes." Another person described the registered manager and the deputy as being, "Very nice and very pleasant." A member of staff we spoke with told us, "The registered manager pays attention to detail and is clear about her expectations. She wants the best for the people here which means getting the best out of the staff. I think she does that."

The leadership of the service was visible to people and staff and the organisational structure was clear. The registered manager and deputy manager led a leadership team which was comprised of heads of departments. These departments included teams responsible for nursing, care, maintenance, well-being, training, cleaning, activities and kitchens. The structure and responsibilities within each department were clear too. For example, the head chef led the kitchen department which consisted of two chefs, three dining staff and three kitchen porters. Each department head hosted meetings for their teams whilst the registered manager met regularly with the whole senior leadership team.

The registered manager encouraged an open culture within the staff team. One member of staff told us, "The registered manager has a genuinely open-door policy. We are all encouraged to chip in with any ideas we have for improvements." Staff were encouraged to be supportive of one another. For example, staff wrote thank you cards to each other when they observed good practice or felt particularly well supported. These cards were displayed in the staff room and promoted team cohesion. Staff told us how much they appreciated this system and how valued they felt from it.

The service sought to continually improve. Members of staff were given lead roles in promoting good practice in specific areas of care. These staff were called 'Champions' and focused on areas including dignity, fluid and nutrition, leisure and wellness. Champions received additional training to support their roles and were tasked with being role models who informed and influenced colleagues. To encourage a healthy ethos towards training within the team the provider's on-site training officer awarded a member of staff with the award of 'learner of the month.' We reviewed the recipients of this award and saw that staff received the prize for a number of reasons including, achieving high scores in tests and completing specific training courses.

There was effective communication in place throughout the service. The registered manager led a number of meetings for staff. These included team leader meetings, clinical governance meetings and team meetings. Each of these meetings were used to review people's changing needs and to discuss improvements to service delivery. For example, we read during a one team meeting that a number of staff did not feel confident with information technology as the service transitioned from paper based care records to an electronic care records system. The registered manager responded by arranging IT training for staff to boost their competence and confidence.

People's information privacy was protected. Access to electronic records was limited to the job role of staff.

For example, only nursing staff could access information about people's nursing needs. The registered manager and deputy manager were the only members of staff with full control over the system's functionality and could access all stored information. This meant people's personal and private information was secure and could only be accessed on a need to know basis.

People and relatives felt engaged and listened to. One person told us, "We talk a lot and discuss things if they are not right. We have residents' meetings. They are really good and we discuss most things." The service planned to introduce a keyworking system through which people could share their views on a regular basis with a link member of staff. The registered manager arranged monthly relative's meetings where information and views were shared. Relatives told us they valued the care home having receptionists on duty seven days a week. The deputy manager was a former Admiral Nurse. Admiral Nurses are specialist dementia nurses who provide the relatives of people living with dementia with practical support, information and advice. The deputy manager used these skills to provide dementia awareness training to relatives alongside staff.

The quality of care people received was the subject of a comprehensive auditing process. The registered manager oversaw the implementation and analyses of a wide range of audits. Each head of department was responsible for carrying out a weekly audit. This meant that checks were undertaken and recorded each week including in relation to nursing, care records, the environment, health and safety, medicines, nutrition and activities. The registered manager audited the checks carried out by department heads and a regional manager and visiting clinical leads undertook regular additional audits. The registered manager analysed audit information for trends and where shortfalls were identified action was taken.

The care home sought to work in partnership with other organisations to meet people's needs. The service did not provide multidisciplinary services such as occupational therapy or physiotherapy but supported people to access local public services and liaised with health and social care professionals from them. We saw evidence of the involvement of GPs, community mental health specialists, tissue viability nurses, dieticians and speech and language therapists in people's care. One healthcare professional told us, "[Lavender Oaks] welcome our input and work very much hand in hand with external agencies."

The service actively engaged with the local community. The registered manager and head teacher of a local secondary school arranged for children to visit the service to meet and talk with people about their experiences. Children collated this information as a part of a project and presented it as an exhibition at the school to which people were invited to attend. The service provided supervised placement opportunities for training paramedics and student nurses from Kingston University. The service also planned to offer work experience placements to students studying care at Carshalton College. The registered manager told us, "We aspire to be a teaching care home which shares good practice in terms of skills and knowledge with smaller, local care homes."