Ms Dawn Aplin

Lavender House

Inspection report

9 Kettonby Gardens
Headlands
Kettering
Northamptonshire
NN14 4NZ
Tel: 01536 312820

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This unannounced inspection took place on 11 January 2016. This residential care service is registered to provide accommodation and personal care support to four younger adults, predominantly people with learning disabilities and autistic spectrum disorder. At the time of the inspection there were four people living at the home.

There was a registered manager 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 2008 and associated Regulations about how the service is run.

Medicine management systems in place were not effective and stock control records could not be relied upon as an accurate record of medicines stored in the home.

People felt safe in their own home. Staff understood the need to protect people from harm and abuse and knew

Summary of findings

what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. There were sufficient staff to meet the needs of the people and recruitment practice protected people from being cared for by staff that were unsuitable to work at the home.

Care records contained risk assessments and risk management plans to protect people from identified risks and help to keep them safe but also enabling positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed, maintain good health and had access to healthcare services when needed.

Staff were highly skilled; plans were in place for new staff to complete the Care Certificate which is based on best practice. The provider's mandatory training was updated annually.

People were actively involved in decisions about their care and support needs There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were written in a person centred approach and focussed on empowering people; personal choice, ownership for decisions and people being in control of their life. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

People had caring relationships with the staff that supported them. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The manager was accessible and worked alongside care staff to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

The registered manager and care staff were passionate about people receiving person centred care and people and staff being involved and included in decisions about the future.

There was a breach of one regulation of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Medicine management systems in place were not effective and stock control records could not be relied upon as an accurate record of medicines stored in the home.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review.

People were supported to access relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences and enabled people through the use of pictorial aids.

Staff promoted peoples independence to ensure people were as involved as possible in the daily running of the home.

Is the service responsive?

Good

This service was responsive.

Summary of findings

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

Requires improvement 

This service was not always well-led.

Quality assurance audits for medicines that had been completed were not effective.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

Records relating to staff files and training contained accurate and up to date records.

People living in the home, their relatives and staff were confident in the management of the home. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Lavender House

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 took place on 11 January 2016. The inspection was unannounced and was undertaken by one inspector.

Before the inspection we contacted health and social care commissioners who place and monitor the care of people living in the home. We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

Most of the people living at Lavender House were unable to verbally express their views; however during the inspection we spoke and interacted with four people who used the service, seven members of staff including care staff and members of the management team, one visiting relative and a visiting health professional.

We spent some time observing care to help us understand the experience of people who lived in the home. We reviewed the care records and of four people who used the service and four staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Requires improvement

Is the service safe?

Our findings

Although people received their medicine on time, the medicine management systems in place were disorganised and in need of improvement. We reviewed the stock control records and found discrepancies between these records and the actual amount of medicine in stock. The entries on the stock control records for two medicines did not correspond with the medicines held in stock and the total amount of medicine recorded by staff was incorrect. Medicines that had been booked out for a person who went on an overnight stay were not booked back in when they returned from leave resulting in the the stock control book not accurately showing the amount of this medicine held in stock.

Another medicine was inaccurately recorded in the stock control book and the amount in stock was double the amount recorded. Staff were confused about whether this medicine should have been returned to the pharmacy and the records in place did not provide an audit trail of how this medicine had been managed.

Medicines administration records were confusing and staff had completed them inconsistently. For example a medicine was dispensed from the pharmacy in half tablets; staff varied in how they recorded the amount given, some recorded half a tablet, other a whole tablet and on some occasions there was no reference to whether they were half or whole tablets. This made stock control management more difficult.

A recent medicine audit had taken place but had failed to recognise the difference between the records and the medicines actually in stock. Stock control records could not be relied upon as an accurate record of medicines stored in the home.

This is a breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

People felt safe where they lived. It was clear through observation and general interaction that people felt safe and comfortable in the home. The provider had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this. They were aware of the whistle-blowing procedure for the service and said that they were confident enough to use it if they needed to.

People were enabled to take risks and staff ensured that they understood what measures needed to be taken to help them remain safe. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. One member of staff said "Risk assessments are there to protect people and to manage risks we are aware of". When accidents did occur the manager and staff took appropriate action to ensure that people received Safe and timely treatment. Training records confirmed that all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

We saw that the provider regularly reviewed environmental risks and the registered manager told us that they carried out regular safety checks. We noticed that the environment supported safe movement around the building and that there were no obstructions.

There was sufficient staff available to provide people's care and support. We looked at the staff rota for the week and saw there was enough staff to support people with their planned activities. The home was using a small percentage of agency staff; however, the same staff were requested which gave people who used the service consistent care workers. One care staff said "I think our staffing levels are good, people are always going out for activities and we are happy to cover for each other's holidays." We observed that there were enough staff to attend to people's needs and to be relaxed with them during our inspection visit.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Good

Is the service effective?

Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on learning disability and Autism. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. One staff member told us "The induction was really good; I learnt a lot about communicating using schedule boards (Communication tools for some people living with autism) and the importance of following them." The provider was following good practice guidelines for newly recruited staff and a plan was in place that all new staff undertook the new care certificate.

Training was delivered using face to face and e-learning modules; the provider's mandatory training was refreshed annually. Staff we spoke with were positive about the training they received and confirmed that the training was a combination of online and classroom based training. One staff member gave us an example of how they had put in to practice what they had learnt from their training about managing behaviours; they told us "If I hadn't attended the training I think the situation would have escalated; but I used the tools that I learnt and we managed to diffuse the situation quicker." Training was also available from the Community Team for People with Learning Disabilities (CTPLD) for individual needs specific to learning disabilities.

Staff were provided with the opportunity to obtain a recognised care qualification (Care Certificate) through the Qualifications and Credit Framework (QCF). All staff were undertaking the self-assessment module of the Care Certificate; this was to identify any gaps in learning and development and to refresh their people's knowledge. People's needs were met by staff that received regular supervision and received an annual appraisal. We saw that supervision meetings were available to all staff employed at the home, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. One member of staff said "I have regular supervision and I think it is important because it gives you time to discuss any concerns or get feedback about how you are doing."

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).

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. Best interest decisions had been recorded in care plans and people had been included in these decisions. We saw that applications had been made for people who required a DoLS to be in place and they were waiting for the formal assessments to take place.

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged so that people had time and space to eat in comfort and at their own speed and liking. People were relaxed at shared mealtimes and had made choices about their menu using picture cards. One person indicated they were happy as they showed us a 'thumbs up' when talking about meals and menus.

The staff team were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene and this was promoted by signage around the kitchen. Care plans contained detailed instructions about people's individual dietary needs, nutritional assessments and people's preferences.

People's healthcare needs were carefully monitored and detailed care planning ensured staff had information on how care could be delivered effectively. Information on health professionals and health procedures were in pictorial format to assist people with understanding the processes. A visiting professional told us "I have no

Good

Is the service effective?

concerns, I observe people being treated well and staff are proactive with [my] recommendations." Care records showed that people had access to community nurses and GP's and were referred to specialist services when required.

People received a full annual health check-up and had health action plans in place. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. They told us they liked the staff and said staff were 'good'. One person told us their keyworker was 'great'. One family member said "I can't fault them; they look after [my relative] so well."

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed the interaction with staff in the home. Observations showed staff had a caring attitude towards people and a commitment to providing a good standard of care.

People were involved in personalising their own bedroom and living areas so that they had items around them that they treasured and had meaning to them. One person showed us their bedroom and it was decorated to the person's own choice with posters on the wall and pictures of family members and other items that had meaning to them.

Care plans included people's preferences and choices about how they wanted their care to be given and we saw this was respected. Staff understood the importance of respecting people's rights and we saw that people were supported to dress in their personal style. People who used the service had pictorial timetables and schedules for how they were going to spend their time and this was used to support people to prepare for the day and reduce any anxieties that they may have.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a confidential document or discussed at staff handovers which were conducted in private.

People's privacy and dignity were respected by the care staff. Care staff made sure bedroom and toilet doors were kept closed when they attended to people's personal care needs. People were assisted to their room whenever they needed support that was inappropriate in a communal area. One staff member said "Respecting people's property is also really important; I make sure I handle things with care."

There was information on advocacy services which was available for people and their relatives to view. No-one currently living at the home used an independent advocate but staff were knowledgeable about how to refer people to advocacy services and what advocacy services could offer people. An advocacy service was booked to attend the next residents' meeting to give people who lived at the service more information about the benefits of having an independent advocate.

Visitors, such as relatives and people's friends, were encouraged and made welcome. The registered manager told us that people's families could visit when they wanted and they could speak with them in the lounge area or their bedrooms. One relative said "I normally telephone so they know I am coming because I like to take [my relative] out; they are always accommodating."

Good

Is the service responsive?

Our findings

People's care and treatment was planned and delivered in line with people's individual preferences and choices. Information about people's past history, where they lived when they were younger, and what interested them, featured in the care plans that care staff used to guide them when providing person centred care. This information enabled care staff to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed.

People had 'how to help me in hospital' communication passports which detailed things that were important to know about each person. For example; what people's interests were, likes and dislikes, how they communicated and what communication tools they used and what was important to them. This information enabled care staff and any other health professionals to deliver personalised support individual to each person. Care plans were detailed and included how people displayed their emotions, what this meant to the individual and how best to support them.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The registered manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in the care plans we saw. People also had reviews of the service they received by the local authority and this was documented in their personal files.

The risk of people becoming withdrawn and lonely within the home was minimised by encouraging them to join in with the activities that were regularly organised. People living in the home were involved with arts and crafts, cake baking, listening to audio books, massage and foot spa sessions. Regular one to one key worker sessions were carried out, where staff could gain feedback from people about any changes they wanted to make or planning future activities. Care staff made efforts to engage people's interest in what was happening in the wider world and local community.

Staff were responsive to people's needs. They spent time with people and responded quickly if people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. People were always encouraged to use their picture boards or objects of reference so they knew what was happening next which helped to reduce anxieties.

People participated in a range of activities. Most activities were structured and planned which supported a reduction in anxieties for those people on the autistic spectrum. People were involved in a range of activities which included swimming, sensory activities, meals out, youth clubs, dance group, bowling, gardening projects, pubs clubs and disco's, cake baking and supporting with the grocery shopping for the house. People had weekly timetables which were full of activities that each person had chosen and people were trying out new activities and groups on a regular basis. One family member said "[My relative] is always busy going somewhere or doing something."

When people were admitted to the home they and their representatives were provided with the information they needed about what do if they had a complaint. The complaints policy and information was written in an easy read format so people who used the service were able to access it. Where people could not speak for themselves, staff were aware they needed to be vigilant in observing changes in behaviours and body language that would indicate that a person was unhappy with their care. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern.

Requires improvement

Is the service well-led?

Our findings

Quality assurance audits for medicines that had been completed were not effective. The method of the audit was not designed to check stock controls. Where audits had been undertaken they failed to identify that the amount of medicines stored in the home did not correspond with the stock record book. The provider was taking immediate action to rectify the issue by the end of the inspection.

The service has been through a transition period from providing care and support to children to the current service of supporting adults. The young people that they cared for had now reached adult age. Staff were aware of the need for a different approach of enabling and supporting people to do, rather than doing for people as they would in children's services. Staff said that although this change of approach had been a challenging time for everyone they felt they were now in a good position and fully credited the registered manager for the guidance and support through out this period.

The manager had created an open and transparent culture with the staff team, staff told us they felt confident going to the manager with any concerns or ideas and they felt that the manager would listen and take action. One staff member told us "The manager is very committed to the role, approachable and listens to our suggestions and comments."

Communication between people, families and staff was encouraged in an open way. The home provided feedback to families on what activities their relative had been involved with, what outcomes had been achieved and any new goals set. This information was sent to families in a monthly e-mail update that also included health appointments and general updates. The registered manager had an open management style and wanted to involve people, their relatives and staff in the day to day running of the service as much as possible.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Feedback included "More than happy with the home and they listen to me and my views." Regular audits and surveys were undertaken and these specifically sought people's views on the quality of the service they received. People were generally happy and content and feedback from relatives complimented the standard of care that had been provided.

The culture within the service focused upon supporting people's health and well-being and for people to participate in activities that they chose; and to enhance people's communication skills. All of the staff we spoke with were committed to providing a high standard of personalised care and support and they were always focussed on the outcomes for the people who used the service.

The registered manager told us about the support they received from other managers within the company and also from the director of the company. Support was always offered and new idea's were welcomed and discussed. There were future plans being discussed for supported living developments within the grounds of the home and senior managers and staff were able to have open discussions about these development opportunities.

Staff worked well together and as a team, they were focused on ensuring that each person's needs were met and that they shared information. Staff clearly enjoyed their work and told us that they received regular support from their manager. One staff member said "The manager is very approachable, we get feedback and we know if we need to improve things." Staff meetings took place and minutes of these meetings were kept. Staff told us the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team. The manager worked alongside staff in order to observe their practice and monitor their attitudes, values and behaviour.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training or were taking a qualification in care work. Where care staff had received training prior to working at the home they were required to provide certificated evidence of this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider was not meeting this regulation because: People were not protected against the risks associated with the storage and management of medicines used for the purposes of the Regulated Activity. 12(2)(g)