

Psycare Limited

# Lavender Lodge

## Inspection report

390 Hatfield Road  
St Albans  
Hertfordshire  
AL4 0DU

Tel: 01727860805  
Website: [www.nouvita.co.uk](http://www.nouvita.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

The inspection took place on 28 September 2018 and was unannounced. At our last inspection on 18 October 2017, the service was found not to be meeting the required standards in the areas we looked at. There were breaches against regulations of the Health and Social Care Act (Regulated Activities) 2014.

The breaches included regulation 9, care and treatment of service users did not always meet their needs or reflect their preferences.

Regulation 11, The provider had not ensured that people's changing needs were reviewed and updated in their care plans.

Regulation 12, The provider had not ensured the proper and safe management of medicines and had not ensured infection control procedures were managed effectively.

Regulation 17, The provider did not have effective systems to monitor and improve the service. There was a lack of documentation by staff and care records required updating to ensure people's needs were met.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions in safe, effective, caring, responsive and well-led to at least good. At this inspection we found that the provider had made the improvements required.

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. At the time of the inspection there was no registered manager for this location.

Lavender Lodge provides care for up to nine adults with a learning difficulty. At the time of our inspection nine people were living there. Lavender Lodge is a 'care home'. People in care homes receive accommodation and nursing or 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service was safe. There were safe medicine practices in place with regular monitoring to keep people safe. Infection control practices had improved and now met the required standards. Staff received infection control training and checks were in place to ensure best practice. Safe and effective recruitment practices were followed to help ensure that all staff were suitably qualified and experienced. Staff had received

training in how to safeguard people from harm and knew how to report concerns, both internally and externally. Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe.

The service was effective. People were given choice and control over their lives and staff supported them in the least restrictive way possible. Staff received the right training and skills to meet people's needs effectively. People were supported with a varied and healthy food options, Staff supported people with making healthy choices. People were supported to access health care services. People were involved with the design and decoration of their home environment.

The service was caring. Staff knew people well and staff cared for them in a compassionate way. Staff respected people's privacy and dignity and supported people to maintain relationships. Staff delivered care that was supportive, kind and caring. People were involved in deciding how their care was provided and staff promoted their choice.

The service was responsive. People were supported to have their say with regular house meetings and one to one time with their keyworker. People`s needs were assessed to ensure people received the support they required. People were supported with their interests and set weekly goals they wanted to achieve. People and their relatives confirmed they were involved with reviewing their support plan. A new complaints forms had been introduced and discussed with people to ensure people understood how to raise any concerns should they need to.

The service was well-led. The manager promoted an open culture. There were effective systems to monitor the quality of the service, identified issues were actioned and lessons learned. Staff had the right training, skills and values. Staff understood their roles and responsibilities and worked well as a team. The manager was clear about their vision and values for the service and what they wanted to achieve. Staff received competency checks, supervisions and regular meetings. People, staff and relatives we spoke with were all positive about the changes since the last inspection and had confidence in how the home was being run.

## 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.

Infection control systems were in place and staff received the appropriate training.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

People were supported to take their medicines safely by trained staff.

### Is the service effective?

Good 

The service was effective.

People had their capacity assessed and best interest decisions completed to promote people's choice.

People were supported by staff that were trained to meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

### Is the service caring?

Good 

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People and their relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People's confidentiality of personal information had been

maintained.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to maintain social interests and take part in meaningful activities relevant to their needs.

People received care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People and their relatives were confident to raise concerns which were dealt with promptly.

### Is the service well-led?

Good ●

The service was well led.

Systems were in place to quality assure the services provided, manage risks and drive improvement.

People and staff were very positive about the manager and how the home was operated.

Staff understood their roles and responsibilities and felt supported by the manager.

# Lavender Lodge

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 28 September 2018 by one inspector and was unannounced. We also made telephone calls on the 4 October to relatives to gain their feedback. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events, which the provider is required to send us by law.

During the inspection we spoke with four people who lived at the home, two staff members, the chief of staff and the manager. We looked at Care plans relating to two people, three staff files and a range of other relevant documents relating to how the service operated. These included monitoring data, training records and complaints and compliments.

# Is the service safe?

## Our findings

At our last inspection the provider did not ensure that potential risks to people's health and well-being that had been identified were managed effectively in a way that promoted their safety.

We found medicines were not managed or monitored safely. Infection control practices were not effective and cleaning schedules were not in place. We found that risk assessments had not been reviewed regularly and accidents and incidents were not always documented. Staffing levels were not always sufficient to meet people's needs.

At this inspection we found the provider had made the required improvements.

We found there were suitable arrangements for the safe storage and management of people's medicines. Temperatures were recorded daily. People were supported to take their medicines by staff that were trained and had their competency assessed. Staff had access to detailed guidance about how to support people with their medicines in a safe and person-centred way.

We completed a random stock check of medicines and found the stock levels correct, and staff had completed documentation correctly. Where an error had been made this had been addressed appropriately. The manager had implemented a new medication policy, with regular audits to monitor medicines to ensure people were safe. There was also a daily medicine check list completed by staff and reviewed by the manager

Infection control practices had improved. The laundry room had systems in place for dirty and clean clothing. Staff had all received training in infection control. We saw that colour coded systems to reduce the risk of infection were appropriately used by staff. Day and night cleaning schedules were now in place. The manager completed checks to ensure the home was regularly cleaned. Staff wore appropriate protective equipment such as gloves and aprons where appropriate. The home was clean at the time of our inspection.

Safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service. We saw references were verified by the manager. Staff we spoke with told us there were enough staff to meet people's needs. The manager confirmed they had introduced a flexible six-hour shift, to support people with activities and appointments. We saw that during our inspection there were enough staff to meet people's needs.

There was information and guidance displayed about how to recognise the signs of potential harm and report concerns, together with relevant contact numbers. Staff understood how to report any concerns they had. One staff member told us, "If I had any concerns I would report them to the manager." Staff could describe types of harm and things that would concern them. Staff were aware of how to escalate concerns and report to outside professionals such as the local authority or the Care Quality Commission.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. We saw where risk assessments were in place these were reviewed regularly to keep people safe.

Accidents and incidents were documented and reviewed regularly by the manager to ensure people's changing needs were identified. The manager confirmed that they reviewed incidents and accidents for patterns and trends. This helped to identify where changes could be made to keep people safe.

Plans and guidance were available to help staff deal with unforeseen events and emergencies. For example, the fire alarm systems were regularly tested. Each person had a personal emergency evacuation plan in place in the event of a fire. People and staff, we spoke with knew what to do in the event of a fire.

We found clear evidence that demonstrated the manager ensured lessons were learned. For example, during a medicine audit the manager identified a staff member had not signed the medicine administration records (MAR) to record they had supported a person to take their medicine. We found a competency assessment was completed and the issue was discussed with the staff member at a supervision. We saw that best practice was discussed at team meetings for example, infection control.



# Is the service effective?

## Our findings

At our last inspection the provider did not ensure that people were supported in accordance with the Mental Capacity Act 2005. People's capacity had not been reviewed regularly to identify changes in their capacity. People were not always supported by staff to have choices. For example, we found at the last inspection there was no evidence to demonstrate people were involved with developing the food menu.

At this inspection we found the provider had made the required improvements.

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.

We checked whether the service was working within the principles of the MCA and found that they were. People's changing needs were regularly reviewed and people were supported to have choices. We saw evidence of capacity assessments to assess and ensure people received appropriate support.

Staff talked with people daily and routinely offered choice. One staff member said, "Choice is important, absolutely. They are their own person, they have the right to choose." Staff also held weekly house meetings to discuss food options and topics people wanted to discuss.

People were supported to eat healthy meals and had their likes and dislikes noted in their Care plans. Food choices were discussed with people on a weekly basis and pictures were also used to support people's choice. People were supported with healthy options.

The manager had introduced a healthy eating scheme at Lavender Lodge. A picture folder containing photos of food was created to help people with their choices, each person was supported to cook the meal they chose. We saw people had been supported to lose weight with healthy food choices and exercise. One staff member commented, "The changes have been fantastic." One relative said, "[Name] is supported to attend [group that supports losing weight with healthy food options] It is going brilliant." The person had cook books and was supported by staff to achieve their goals. People told us the food was good and people could eat and drink when they wanted. One person said, "I like to keep fit [personal trainer] comes to see me on Wednesday and they help me."

Staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received the provider's training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as, safeguarding, food safety, medicines and infection control. Staff confirmed they had completed inductions. One staff member said, "We do training on the computers, but we also do training in

groups." Staff told us they felt the training gave them the skills to do their job.

Staff felt supported by the manager and were actively encouraged to have their say about any concerns they had in how the service operated. Staff confirmed that they now had the opportunity to attend regular meetings and discussed issues that were important to them. Regular supervisions were undertaken, where their performance and development were discussed and reviewed. Staff told us that the managers' door was always open, and they could see them at any time to discuss any issues. A staff member commented, "I am asked if I am ok, can't fault [manager] I don't have to wait for my supervisions if I have any problems."

People were supported with the decoration of the home they lived at. People's rooms were personalised to their taste. The manager had recently had all floor covering replaced and communal areas painted. People who lived at Lavender Lodge were involved with choosing the colour schemes. One person due to their mobility had recently had their access from their room to the garden improved to ensure they had the freedom to access the garden when they wanted.

People were supported to access health services as and when they required. People had been seen by opticians, dentists and GP's and had their weights checked regularly. People were also supported with personal training sessions to improve well-being and for one person to help maintain their mobility.

## Is the service caring?

### Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "It's very nice living here, I enjoy it. It's the best home."

Staff helped people with their day to day decisions. People were supported with dignity and staff respected their privacy. Staff were able to tell us, and we saw how they promoted people's dignity and respect. For example, by closing doors when supporting people with personal care and good communication. We heard staff asking people what they wanted to do or eat, they communicated to people in a respectful and positive manner.

Staff had positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One staff member said, "I love it here, it feels homely. It's their home we just help them to maintain their independence."

Staff had developed relationships with people they supported. We saw kind and caring interaction. Staff had time to stop, talk and listen to people they supported. One person became anxious about issues they were having. They talked to staff about this and staff supported them by making a telephone call on their behalf. One person said, "Staff are very good. They are very kind and make me feel happy. I can talk to staff and they listen, very caring."

People, and their relatives where appropriate, had been fully involved in the planning and reviews of the care and support provided. One relative said, "We are involved in the care reviews for [relative]." People told us they had a voice and felt supported by staff. The atmosphere in the home was relaxed and homely. One person said, "Staff are kind and they help me."

Confidentiality was well maintained throughout the home and information held about people's health, support needs and medical histories was kept secure. Information about advocacy services was made available to people and their relatives should this be required.

## Is the service responsive?

### Our findings

At our last inspection the provider did not ensure that people were supported to have a voice. There were no formal one to ones to discuss what people wanted. People were not supported to develop their interests and goals. People did not have access to regular meetings to express their opinions. Care plans did not always reflect the persons care accurately. They had not always been reviewed or updated appropriately to reflect the persons changing needs.

At this inspection we found the provider had made the required improvements.

Staff had guidance about people's health and care needs. Staff helped people to achieve their goals and follow their interests. This included interests such as holidays, shopping, horse riding, cinema and learning new skills such as cooking. Two people had recently enrolled on a cooking course starting November 2018.

People's identified needs were documented and reviewed and kept up to date by staff to ensure they received appropriate person-centred care. For example, detailed guidance around the support people required and triggers for supporting their behaviour. One person said, "Staff look after me." People and relatives confirmed they had been involved with their care. One relative commented, "We have sat down to review [name] care. The support is really good now." They went on to tell us that since the last inspection there had been lots of positive changes they commented, "There have been lots of activities [organised]. Staff are listening to [them], they get to do the things they enjoy."

Care plans were personalised and captured the individual well and all the details that mattered to that person were included. For example, their likes and dislikes, individual cultural and religious needs were also documented. People were supported to achieve positive outcomes with managing weight and behaviours. One person said, "Staff help me with healthy eating, I have lots of vegetables."

The manager had implemented a key worker scheme that ensured people had one to one time with their keyworker. This provided the opportunity to review their support and discuss any concerns or issues. People had regular weekly house meetings to discuss all areas of living at Lavender lodge. People were asked to set weekly goals of things they wanted to achieve. For example, one person had wanted to make some homemade burgers from scratch. We saw in their daily notes that they had achieved this with support from staff. People were supported to have a voice and felt staff had the time to listen to them.

There were weekly activity schedules and people were supported to follow their interests. One person had a regular paper round. Another person had purchased a car and loved to tinker with the engine and sit in the car. The person said, "I love this little car, this is my first car." Daily records showed that people were supported with daily house chores and people regularly accessed the community when they wanted. People were supported with maintaining relationships that were important to them. Friends and relatives could visit at any time.

There was a complaints procedure in place. The manager had introduced a new complaints form to support

people with complaints. This was discussed with all people who used the service, to ensure people were able to voice their concerns. One person came in to see the manager and wanted to share their concerns about an issue. The manager took this seriously and addressed the concerns immediately. We noted that complaints received had been appropriately dealt with in line with the provider's complaints policy. One relative commented, "The communication is really good now I can pop in and see the manager anytime and they do listen."

The manager sent out annual surveys to ensure people were happy with the service provided. We noted the responses were positive and there were action plans developed to ensure the service improved in the areas where improvements were needed.

We spoke with the manager about end of life care, they had started to implement the documentation to support people, with preferences about what they wanted at the end of their life. These documents contained pictures and were in an easy read format to support the persons understanding and choices. The manager assured us that all care plans will be completed with this information by October 2018.

## Is the service well-led?

### Our findings

At our last inspection the provider did not ensure that audits were completed effectively. Staff did not have competency checks in place and did not have access to staff meetings. Staff lacked guidance for daily tasks and risk assessments required updating, and accidents and incidents had not been recorded or analysed for trends.

At this inspection we found the provider had made the required improvements.

There was not a registered manager at Lavender lodge. There had been a replacement manager in place at the last inspection, but they had recently left on 17 August 2018. However, the deputy manager had recently been promoted to the manager's position and has applied to register with CQC as the registered manager.

Monthly audits were carried out in areas such as medicines, infection control, support planning and record keeping. The manager told us, and we saw regular checks were completed for the environment, performance of staff and quality of care and support provided. This ensured best practice. Where issues were identified, action plans were developed to improve the service. For example, we saw where areas of the home that required refurbishment had been identified and works completed. This meant there were systems in place to monitor the quality of the service.

Staff received competency checks and had access to monthly staff meetings. The manager had an open-door policy and staff we spoke with told us that they felt supported and they could see the manager at any time.

People had risk assessments in place that had been reviewed and accidents and incidents were monitored by the manager to ensure any patterns were identified to ensure people received the appropriate support.

People who lived at Lavender Lodge, their relatives and staff were all very positive about how the home was run. They were complimentary about the manager they described them as approachable and supportive. One staff member said, "I can't fault [manager] they have turned this place around." Staff told us they had daily handovers and that they understood their roles and responsibilities. They confirmed there was a better structure in place and that the home was a really good place to work and live.

The manager was very clear about their vision regarding the purpose of the home, how it operated, and the level of care provided. They told us they completed regular walks about the home where they talked to people and to check everything was alright and ensured the environment was safe. The manager was knowledgeable about the people who used the service, their different needs, personal circumstances and relationships. Staff we spoke with confirmed the manager was visible around the home.

The manager received support from the providers chief of staff and they had regular contact to support learning. The manager said, "I do feel supported and I have access to support at any time." They also confirmed they received support from other managers of the providers other homes. Internal independent

audits are completed annually by other managers from the providers other homes.

The [registered] manager is responsible for producing a monthly report, submitted to the board for review. However, the manager has taken responsibility for this role and has completed these tasks. The Chief of Staff discusses the monthly report with the registered manager in their monthly 1:1 supervision to consider any areas where support or action plan is required. On a quarterly basis, each registered manager attends a meeting with the board to present performance of their service and discuss areas where further support is required. The previous quarter's objectives are reviewed and objectives for the coming quarter are agreed with the board in that meeting. This ensured that the provider had an oversight of Lavender Lodge with regular audits and improvements to ensure best practice.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.