

Lavender House Care Home LLP

# Lavender House Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

Lavender House Care Home is registered to provide accommodation support and non-nursing care for up to 33 people, some of who live with dementia. The home is a domestic-style dwelling and is located in a residential suburb of the city of Peterborough. At the time of our inspection there were 26 people living in the home.

A registered manager was in post but was not at the home when we visited. 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.

The inspection was unannounced and was carried out on 08 December 2014 by one inspector. The previous inspection was carried out on 22 October 2013 when we found the provider was meeting the requirements of the regulations.

People were protected from the risk of harm and were looked after by enough staff. People were supported to

# Summary of findings

take their medication as prescribed and also their individual health and safety risks were assessed and these were well-managed. Most of the checks were completed during the recruitment of new staff so that suitable staff looked after people who lived at Lavender Care Home.

People received the care that met their individual health needs and they were supported to eat and drink sufficient amounts of their choice of food and drink.

People's rights in making decisions and suggestions in relation to their support and care were valued and acted on. Individual recreational and social hobbies and interests were provided to maintain and promote people's wellbeing. Staff were trained and supported to provide people with safe and appropriate support and care.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found that people's rights may not have been fully protected as we

found some of the people only went out with the support from staff or their visitors. DoLS applications had not been made and submitted to the authorising agencies in respect of these people.

People were treated with respect by patient and attentive staff and they were involved in the development and review of their own care plans. However, improvements were needed as people were not consistently treated with respect and dignity.

People received care that was responsive to their individual needs and were supported to maintain contact with their relatives and with the community. People knew who to speak with if they were unhappy and wanted to make their concerns known.

The care home was well-led and staff enjoyed their work and were supported and managed to look after people in a caring and safe way. People were supported to have links with the local community. They and staff made suggestions at meetings and actions were taken as a result. Quality monitoring procedures were in place and action had been taken where improvements were identified.

# 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?

The service was safe.

People were supported to take their medication as prescribed and risks to their health and safety were well-managed.

Staff were trained and knew how to recognise and report incidents of harm or potential harm which could affect people.

Recruitment practices and numbers of available staff made sure that people were looked after by enough, suitable members of staff.

Good



### Is the service effective?

The service was not always effective.

People were satisfied with how they were looked after and they had enough to eat and drink. Staff were supported and trained to provide people with their care.

People's rights in making decisions about their support and care were valued although improvements were needed to ensure that their rights were protected.

People's health and well-being was maintained as they were supported to access a range of health and recreational activities.

Requires Improvement



### Is the service caring?

The service was not always caring.

People's care provided was based on their individual needs and choices.

People were treated well by members of staff who were attentive and caring.

People's independence, privacy and dignity were respected by most staff who knew the people they cared for but improvements were needed in relation to people's privacy and dignity.

Requires Improvement



### Is the service responsive?

The service was responsive.

People's individual choices and needs were responded to. They were also supported to maintain contact with their relatives and the local community.

People were involved in the development and reviews of their care plans.

People's suggestions and comments were listened to and acted on.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

Staff were supported and managed to safely do their job and were aware of the expectations of their roles and responsibilities.

There were arrangements for people and staff to make suggestions and comments to improve the quality of people's care.

Monitoring procedures were in place to review and improve the standard and quality of people's support and care.

# Lavender House 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 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 unannounced inspection took place on 08 December 2014 and was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. We also reviewed the provider information return. This is information that the provider is required to send to us to give us some key

information about the service including what the service does well and any improvements that they intend to make. We also made contact with a local authority contract monitoring officer and health care professionals.

During the inspection we spoke with ten people who lived at Lavender House Care Home and three visitors. The registered manager was not available when we visited and a deputy manager was in charge. We spoke with seven members of staff, which included the deputy manager, and two representatives of the registered owner. We looked at six people's care records and reviewed records in relation to the management of the service. We also observed activities taking place throughout the home and how staff supported people.

Due to the complex communication needs of some of the people living at the care home, we carried out a Short Observational Framework for Inspection (SOFI) during lunch time. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us.

# Is the service safe?

## Our findings

People told us that they felt safe. One person said it was because, "There is always someone walking up and down outside (my room)." Another person said, "Yes, staff treat me very well" and told us that they felt safe because of the way they were looked after.

Staff said that they were trained to protect people from the risk of harm and their records confirmed that they had attended the training. The staff were knowledgeable in recognising and reporting risks of harm to people and were also aware of the whistle blowing policy. (Whistle-blowing occurs when an employee raises a concern about a dangerous, illegal or improper activity that they become aware of through work on poor standards of care if this was required). They said they had no reservations in raising their concerns. This demonstrated to us that people could be confident that staff would report any concerns if they identified them.

People's health and safety risk assessments had been completed and appropriate actions were taken and carried out to minimise these risks. We saw that a person was encouraged to use a walking frame to make them safer. We also saw staff encouraged people to eat and drink to reduce their risk of inadequate nutrition and hydration. In addition, we saw that staff managed a person who had become unsettled and who posed some risk to other people.

We found that recruitment practices were in place and staff were employed to work once all appropriate and required checks were satisfactorily completed. Staff told us that they had these checks were carried out on them and they had attended a face-to-face interview before they started their employment.

Most of the people said that there was enough staff available to meet their needs, although this was not always

the case. One person told us, "I think there is enough staff. Sometimes you have to wait a bit but I understand that." Another person told us, "They always seems so busy and don't always have time to talk." One person said, "There seems to be enough staff around but they can be slow in answering the call bells. I know it's not too long, but it seems forever."

Staff told us that there were sufficient numbers of staff to look after people and we saw that they supported people in an unhurried way, which included responding to people's call bells. The deputy manager advised us that actions were taken to cover staff absences. This was with the use of staff who worked at the home or were supplied from other homes that are owned by the registered owner.

People told us that they were satisfied with how they were supported with taking their medication. One person said, "I have no problems with my tablets. I get my medicine when I need it." Another person told us, "I get it (medication) every morning. They (staff) stay with me until I successfully swallow them (tablets)."

We found in records we viewed that the temperature of medicines storage had exceeded the manufacturers' recommended level. However, the registered owner's representatives advised us that they were aware of this issue and had taken action to ensure that people's medication remained effective.

We found the medication administration records were accurately completed. This and our observations demonstrated to us that people had received their medication as prescribed.

Members of staff told us that they had attended training in the management of medicines and had been assessed to be competent with handling people's medication. Their training and competency assessment records confirmed that this was the case.

# Is the service effective?

## Our findings

One person told us, “My legs are much better since being here.” Another person told us that they felt comfortable while sitting on their pressure-relieving cushion and that their pressure ulcer had healed. One person said, “They (staff) manage it (their continence aid) well.”

Members of staff said that they had the right level of training and support to do their job, which included meeting people’s individual needs. Staff told us that they had attended training in moving and handling and caring for people living with dementia. One person told us, “I think they know what they are doing with it (a moving and handling hoist).” We saw that staff applied their learning into practice when they spoke with people living with dementia. This was so that people’s individual communication needs were met and staff were able to understand what people wanted and said to them. Staff told us that they had attended induction and other training, which included the safe use of medication and safeguarding people from abuse and training in the application of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We found, however, that a person, who was assessed not to have mental capacity, was given one of their prescribed medications disguised in food. We found that this method of administration of the person’s medication was based on a verbal agreement obtained by staff from a GP. A representative of the registered owner advised us that, on the day of the inspection, a local authority had provided them with advice. This was in relation to providing people with support to make decisions, when they were assessed not to have mental capacity.

The provider information return, which a representative of the registered owner had completed, reported that no DoLS applications had needed to be submitted to the local authority. We found that people’s mental capacity had been assessed and some people lacked capacity to safely make their own decisions about going out alone. The deputy manager told us that some of the people were not able to go out of the home alone and that no DoLS applications had been made to be submitted to the local authority. Therefore, people’s rights may not be fully protected.

One person said, “Well that was very nice. I enjoyed my lunch.” Another person said, “I always enjoy my tea. It was lovely.” People told us that they had enough to eat and drink and we saw that people were supported to have a sufficient quantity of food and drink throughout the day. People also told us that they liked the food and could choose what they wanted to eat. During lunch we saw that people were offered alternatives to what was offered on the main menu and had a choice of two desserts. On seeing the choice of desserts a person said, “It looks so lovely. I wish I could take a photograph.”

Both local authority and health care professionals had positive comments to make about how people were supported to keep well. We found that people were supported to access health care professionals employed by health care services, which included hospitals, GPs, district nursing services, dieticians and opticians.

# Is the service caring?

## Our findings

One person told us, “It’s very nice living here. We’re looked after well.” Another person said, “Staff treat me very well. They are very patient and nothing is a problem.” Local authority and health care professionals told us that staff were caring. We saw that staff were patient and attentive when supporting people with their eating and drinking, without being rushed. We also saw how staff provided people with comfort and reassurance when they had become unsettled.

However, we saw that some staff talked across other people, who were seated in the dining room, rather than go up to the person who they were speaking to. One person told us, “I’m looked after well but they (the staff) must stop shouting.” One person said that staff always knocked on their door and waited for permission before they entered. Nevertheless, we saw that some staff knocked on people’s doors and entered without waiting for permission to enter. This demonstrated to us that people’s dignity and privacy was not always valued.

People told us that their decisions and choices were respected in when they wanted to get up, when they went to bed and what they chose to wear. One person told us that they liked to go to bed early in the evening to watch television programmes. They also said, “I do what I want.” Another person told us that they had chosen their clothes to wear and said, “I have my clothes put out the night before.” A member of staff told us they asked people about

when they wanted to get up. They also said, “I really like working here. I get to know people. I get to know their likes and dislikes.” This showed us that people were looked after by staff who knew them well.

A person told us that they often had relatives visit them and they were looking forward to spending time with their family at Christmas. A visitor told us that they came most days to visit their relative and we saw people had guests visiting them.

Staff told us about people’s individual needs and were able to tell us about people’s life histories. We saw that this information had been obtained and held in some of the people’s care records. The representative of the registered owner had identified, in the provider information return, that improvements would be made to obtain and record people’s individual needs and life histories. This was so that their individual support and care, including care of people living with dementia, would be provided based on this information.

The premises maximised people’s privacy and dignity. People had access to a range of communal areas, where we saw they were able to sit in private and where they could be with their guests. In addition, bedrooms were used for single occupancy only and communal toilets and bathing facilities were provided with lockable doors.

We found that some of the people were represented by people who were legally appointed to do so. Information about general advocacy services was available in the reception area although the deputy manager advised us that at the time of the inspection general advocacy services were not used.



# Is the service responsive?

## Our findings

We saw people listening, tapping their feet and singing along to a performing school choir. People said that they enjoyed the concert and told us that other school choirs were due to visit the home to sing Christmas songs to them. A staff member told us that a charity organisation had arranged to take people out for Christmas celebrations. We found that monthly religious services were held at the home for people to take part in and a volunteering service was used to visit people. One person told us that they enjoyed the visits because, "It is nice seeing someone from outside (the home)."

People said that they had enough to do and didn't get bored. One person said, "There is always enough to do if I want to." Another person told us that they liked their own company and enjoyed watching the television. We also found that people had taken part in word and board games. This showed us that people were supported to do the things that were important to them.

People told us that staff had found out what they liked and did not like to do and this was part of the planning of their care. We found that work was in progress to carry out

reviews of care plans with people and their relatives. Staff told us about people's individual needs and were able to tell us about people's life histories. We saw that this information had been obtained and held in some of the people's care records and changes were made, if needed. These changes included how people wanted to be looked after, and where they wanted to be, during the end stage of their life.

People told us that they knew who to speak with if they were unhappy about something. One person said, "Things do get done, but it doesn't always stay the same so, we have to remind them (staff)." Another person said, "They (staff) do put things right if things go wrong. They go to some lengths to put things right."

Information about how to make a complaint was available in the main reception area. The record of complaints demonstrated that members of staff had supported people in making their concerns or complaints known. We found that actions were taken, or to be taken, to resolve these. In addition, people were enabled to make their concerns of complaints known during 'residents' meetings and we found that these were acted on. This included improvement with the management of the laundry service.

# Is the service well-led?

## Our findings

A registered manager was in post and was supported to manage the home on a day-to-day basis by a deputy manager and representatives of the registered owner. People told us who was in charge of the home and most of them were able to tell us their names. We saw how the management team were accessible for people and their visitors to speak with them.

Staff told us that the aims of the care provided at Lavender House Care Home was to look after people, keep them safe and to support them in making their own decisions. Staff said they enjoyed looking after people and were supported by the management team to do their job. A staff member told us, "I am supported and I wouldn't be still here, if I wasn't." Other staff members told us that the style of management of the home had enabled the different staff teams to work together. A member of staff told us, "This is one big team." They also told us that they knew of the lines of managerial responsibility and who they were to report to.

People were enabled to be integrated in to the local community with people visiting from charitable organisations, religious denominations and from schools.

People were able to make suggestions regarding their support and care and had made comments about food provided. Menus demonstrated that these suggested changes had been made with the menus. In addition, where people had requested smaller portions of meals, we saw that staff asked them how many scoops of potato they would like served.

Questionnaires and telephone surveys had been carried out to obtain people's views, which included those from

staff and people's relatives. An analysis of the responses had been carried out and the results indicated that people were satisfied with the overall management of the home. Where people had made less than positive comments, these were investigated and findings were reported back to the person. This showed us that the views of people were used to drive improvement in the home.

Members of staff attended meetings where they were able to share their views and make suggestions. One staff member said, "We are free to say what we think has to be changed, and I have to say, it's not like hitting a brick wall, it's always dealt with." They gave an example where their suggestion had improved the quality of some of the people's dining experiences.

A representative of the registered owner had identified in the provider information return areas that would need improvement over the next twelve months. These were, for instance, in relation to improving the quality of the care provided to people living with dementia and introducing a system to review how staff interacted with people they look after.

The deputy manager and the provider information return told us that, in the last twelve months, the home was awarded the Gold Standards Framework certification. This had enabled people to be looked after, if possible, at Lavender House Care Home, for their end-of-life care.

Accidents and incidents were reported on and we saw that action was taken when this was needed. This included improvement in the safety of equipment and increasing the security of the premises. The management team at the home used information from accidents and incidents as a way of identifying areas for improvement.