

Lavender Lodge Limited

Lavender Lodge Nursing Home

Inspection report

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Date of inspection visit:
26 July 2022

Date of publication:
22 August 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service caring?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

About the service

Lavender Lodge Nursing Home is residential care home providing accommodation and personal care for to up to 44 people. The service provides support to older people, some who are living with dementia. At the time of our inspection there were 40 people using the service. People had their own bedrooms within two inter-connected buildings, with communal lounges and dining areas. A small number of bedrooms were shared bedrooms. The care home is over two floors, with lifts between floors.

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

Storage arrangements and records for when staff administered people's skin creams required improvement. Not all pre-employment checks had been completed when care staff started work. Not all staff consistently wore face masks in line with government guidance.

There were enough staff available to help promote people's safety. The home environment was clean. Risks were identified, assessed and measures put in place to reduce risks where this was possible. Friends and relatives were able to visit their family members living at Lavender Lodge. Systems were in place so that local safeguarding procedures were followed when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff promoted people's privacy, dignity and independence. People had positive relationships with staff and were treated well. People had their equality and diversity needs respected. People and their relatives when appropriate were involved in their care decisions.

Management and governance systems were in place to help check people received quality care. Plans were in place to continue to improve and refurbish Lavender Lodge. These plans included refurbishment and redecoration of people's bedrooms and replacing the few remaining shared bedrooms with single occupancy rooms. The registered manager led with an open and approachable management style that created a positive and inclusive home environment for people, their relatives and staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 1 June 2019).

Why we inspected

The inspection was prompted by a review of the information we held about this service.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report. The provider told us what action they had taken to the concerns we raised with them as part of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lavender Lodge Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

This inspection was completed by one inspector.

Service and service type

Lavender Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lavender Lodge Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service had a manager registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from partner agencies and professionals, including the local safeguarding team, local authority and health commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used on-going monitoring such as information received. We used all this information to plan our inspection.

During the inspection

We spoke with three people and four people's relatives. We spoke with seven staff, including the registered manager, operations manager, a nurse, three care staff, and one member of the housekeeping team. We used the Short Observational Framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Creams for people's skin were not stored securely and it was not always possible to read the labels to confirm who the cream had been prescribed for. Records for the admission of topical skin creams were not complete. We discussed this with the registered manager and operational manager who took actions to improve these areas.
- Other medicines were stored correctly, in a temperature-controlled environment. Some medicines required additional checks and storage requirements, and these were in place.
- People received their medicines when they needed them and in a safe way. Staff checked people's medicines administration record (MAR) charts before the offered people their medicines. Staff gave people enough time to take their medicine and updated their Mar chart with the medicines administered.

Staffing and recruitment

- Required pre-employment checks on staff had not always been completed fully. For example, gaps in applicants' employment history had not always been explained and alternative checks on an applicant's character had not always been recorded when references were unavailable. The operations manager took action to update the recruitment processes to ensure this would be put in place.
- There were enough staff deployed for people to receive safe care. We saw staff were present in communal areas to respond to people's needs and promote their safety.
- Staffing rotas were planned and ensured the service ran with a mix of skills and competencies. These included nursing staff, care staff, senior care staff and domestic and kitchen staff.

Preventing and controlling infection

- We were not fully assured that the provider was always using personal protective equipment (PPE) effectively and safely. This was because some staff were observed not to wear facemasks correctly. We spoke with the registered manager and operations manager who told us they would complete further checks on staff practice.
- We were assured that the provider was promoting safety through the hygiene practices of the premises.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visits to the home from people's friends and families were in line with the latest government guidance. Relatives told us they were able to visit freely.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were identified and managed. Risks associated with people's health and care needs were identified and kept under regular review. Staff actively monitored people's safety. For example, we saw staff respond quickly to help people mobilise safely if this was required.
- Risks in the environment were identified and actions taken to monitor these. For example, checks were made on water temperatures and safety checks were made on lifting equipment.
- Plans were in place and practice drills undertaken to help ensure people's safety in the event of an emergency, such as a fire.
- Accidents and incidents were reported and used to help improve safety. Accident and incident forms were reviewed by the registered manager and included any changes required to help reduce recurrence. For example, people had been reminded to use their call bells so that staff could assist them with care.

Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt safe with the care they received at Lavender Lodge.
- Systems were in place to help ensure people were protected from the risk of abuse. Staff had been trained and understood how to identify and report safeguarding concerns.
- Where safeguarding incidents had been identified these had been reported to the local authority safeguarding team in line with local procedures. Two safeguarding referrals were with the local safeguarding team at the time of our inspection.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people did not have the mental capacity to make decisions about their care, policies and procedures were in place and followed, to ensure people received care and treatment that was in their best interests.
- A system was in place to monitor when DoLS had been applied for and if any conditions had been applied. Any expiry dates for DoLS were kept under review and DoLS applications were reapplied for in a timely manner. This helped ensure people received care in line with any appropriate legal authorisations.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- A recent incident had infringed on the privacy of a person and their family. The registered manager told us they had apologised and taken action to ensure this would not occur again.
- Staff told us how they promoted people's privacy and dignity when providing care. For example, they told us they would always make sure doors and curtains were closed when supporting people with their personal care.
- We saw staff were attentive to promoting people's dignity. For example, they took care to help people freshen up after eating and drinking. Staff offered people clothing protectors over mealtimes to help ensure their clothes stayed clean and smart.
- People's independence was promoted. For example, one person told us about their regular trips out into the local community and we observed people supported to take their medicines as independently as possible.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us they had positive relationships with staff. We observed people enjoyed jokes and conversations with staff. One person was seen enjoying their puzzle books. They told us a staff member had specially ordered the books for them. One relative said, "Staff are so lovely, and they bend over backwards to give good care." Another relative told us, "I think [my family member] is very well looked after."
- People's equality and diversity needs were respected. Information in the service user guide explained how people's faith needs would be supported. Policies for the running of the service included how to support equality and diversity needs of people and staff.
- Where people's first language was other than English, staff were available to translate for them. Television programmes were shown with subtitles displayed in people's first language. This helped ensure people were well-treated and their equality and diversity needs respected.

Supporting people to express their views and be involved in making decisions about their care

- People and families told us they felt listened to and involved in their care decisions. Care plans reflected people's views and the involvement of others involved in their care. One relative told us, "[My family member] has just had an assessment and I was involved and included on the telephone call."
- Recent feedback had been gathered from people and relatives. This had asked questions on the quality of care as well as asking if anything could be improved. Where people had identified improvements, for example one person wanted a new door lock, management were aware of this request and had scheduled this to be completed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Audits on medicines and recruitment files had not identified some of the issues we identified at this inspection, however other audits had been effective and were regularly undertaken to help check on the quality and safety of services. For example, audits on care plans, incidents and staff training.
- Policies and procedures were in place to help ensure the quality and safety of services. We identified one policy required updating and the operational manager told us this would be completed.
- Staff understood their job roles and their responsibilities were clearly defined. Staff meetings were held and these reinforced good practice and standards that were expected of staff by the registered manager.

Continuous learning and improving care

- Plans were in place to continue to improve people's experience of care at Lavender Lodge. Some people shared their bedroom with another person. Privacy curtains were used to provide privacy. The operations manager confirmed business plans were in place to replace shared bedrooms with single occupancy rooms to further promote people's privacy.
- Some bedrooms had been redecorated and some were still to be completed. An ongoing redecoration and refurbishment programme was in place to ensure people's rooms and communal facilities were maintained and redecorated.
- Audit processes were in place and looked for opportunities to improve care further.

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

- People, relatives and staff all spoke highly of the care people received and told us they could speak openly to the registered manager. One relative told us, "[The registered manager] is really on the ball, I can't speak highly enough of them." Another relative told us, "I'm fine to talk to [the registered manager] and they are very good, there is also an exceptionally good nurse."
- Staff told us they felt listened to and were supported to provide person-centred care. One care staff told us how they understood how a person's health condition had restricted their experiences. They told us, "I don't want to take anything further away from them, I will show them their clothes and they can choose what they want to wear. I make sure they still have control over what they can do."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy in place. This helped to ensure that any investigations undertaken would be in line with the duty of candour and help to ensure the provider met its legal responsibility. Relatives told us they were confident that any issues raised would be dealt with openly and fairly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and staff told us they felt involved and engaged with the service. One relative told us, "They are lovely to me when I go." One relative told us communication was, "A bit hit and miss," however, all other relatives told us they were impressed with the communication with the service. One relative told us, "Staff always ring us up and keep us informed," another relative said, "They are very good at letting me know things."
- Care plans detailed other professionals involved in people's care and when they had last been involved. For example, people had seen chiropodists, GP's and opticians. A community matron visited weekly to review people's health and care needs as was needed. This showed the service worked well in partnership with others.
- People's equality characteristics were considered in their care plans. Policies in the service reflected and considered equality characteristics. This helped to ensure people could be fully engaged and involved in the service.