Country Care (Nafferton) Ltd

Lavender Court Residential Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

Lavender Court is a care home for up to 18 older people, some of whom may be living with dementia. The home is situated in Nafferton, a village close to the town of Driffield, in the East Riding of Yorkshire. Bedrooms are located on the ground, first and second floors and there is a passenger lift to reach the first and second floors. On the day of the inspection there were 18 people living at the home, including one person having respite care.

At the last inspection in March 2015, the service was rated as Good, with Well-led being rated as Outstanding. At this inspection we found that the service was also Outstanding in Effective, making the overall rating Outstanding.

The service was involved in a number of initiatives which promoted people's wellbeing and enhanced their quality of life. They worked in partnership with other professionals to ensure that care was based on best practice.

The registered manager continued to lead the team with a positive and pro-active style of management, and they went 'over and above' their duties and responsibilities.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had been supported by staff to take part in a research project and one person had felt empowered to take control of their general health following the outcome.

There was a strong emphasis on the importance of eating and drinking well. There were excellent links with dietetic professionals and some people's general well-being had improved as a result of staff following advice from these professionals. The home had continued to improve in this area and had been awarded the silver Nutrition Mission award.

There continued to be sufficient numbers of staff employed to make sure people received the support they needed, and those staff had been safely recruited. People told us they felt safe living at the home.

Staff had continued to receive appropriate training to give them the knowledge and skills they required to carry out their roles. This included training on the administration of medicines and on how to protect people from the risk of harm. Staff were offered a variety of training opportunities to reflect their differing learning styles. They had a number of champions whose role was to drive improvements in care.

Staff were kind, caring, compassionate and patient. They respected people's privacy and dignity and encouraged them to be as independent as possible.

Care planning described the person and the level of support they required. Care plans were reviewed

regularly to ensure they remained an accurate record of the person and their day to day needs.

People were very involved in the local community to the extent they were raising money for a local dance school.

People understood how to express any concerns or complaints but told us they had not needed to make a complaint. People were also given the opportunity to feedback their views of the service provided.

The registered manager carried out audits to ensure people were receiving the care and support that they required, and to monitor that staff were following the policies, procedures and systems in place.

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 remains Good.	**Good** ●
Is the service effective? The service is now Outstanding.	**Outstanding** ☆
Is the service caring? The service remains Good.	**Good** ●
Is the service responsive? The service remains Good.	**Good** ●
Is the service well-led? The service remains Outstanding.	**Outstanding** ☆

Lavender Court Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered 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 was a comprehensive inspection that took place on 18 and 22 May 2017 and was unannounced. That means the registered provider did not know we would be inspecting. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection we reviewed the information we held about the home, such as information we had received from the local authority and notifications we had received from the registered provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. We received feedback from four health or social care professionals. The registered provider was asked to submit a provider information return (PIR) before this inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted within the required timescale.

On the day of the inspection we spoke with five people who lived at the home, a member of care staff, the deputy manager and the registered manager. We looked around communal areas of the home and some bedrooms, with people's permission. We also spent time looking at records, which included the care records for three people who lived at the home, the recruitment and training records for two members of staff and other records relating to the management of the home. This included quality assurance, staff training, health and safety and medication. We spoke with a further two members of care staff on the day following the inspection, and we returned to the home on the 22 May 2017 to speak at greater length with the

registered manager and to give further feedback.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I feel 100% safe living here" and another told us "To put it in a nutshell, everything makes me feel safe." Staff described to us how they kept people safe. One member of staff said, "We make sure the environment is safe. There are key code entry systems for the doors including the laundry. We have thorough recruitment practices in place. We have training in health and safety and infection control."

Care needs assessments had been carried out, and when risks had been identified, action was taken to minimise potential risks without undue restrictions being placed on people. We saw risk assessments in respect of moving and handling, nutrition, pressure area care, falls, dehydration and disorientation.

Staff continued to receive training on safeguarding adults from abuse. They were able to describe different types of abuse they may become aware of and the action they would take to protect people from harm. Staff told us they would pass on any concerns to the registered manager and were confident their concerns would be dealt with immediately. Staff also said they would not hesitate to use the home's whistle blowing policy. As an additional precaution, staff were asked on their application form if they had ever been part of a safeguarding investigation. Records showed that the seriousness of incidents was being considered and alerts submitted appropriately to the local authority.

Two of the five people we spoke with said they felt more staff were needed at times. One person told us, "No, they never have enough staff…….. I have had to wait for toilet help." Two other people told us that the call bell was always answered promptly. We fed this back to the registered manager who told us they would monitor this closely.

Staff told us they felt there were enough members of staff on duty to enable them to meet people's needs. They said that the registered manager and deputy manager would help out 'on the floor' if staff were absent or if staff had to deal with an emergency. On the day of the inspection we saw that staff were visible in communal areas of the home and people received attention promptly. We concluded there were sufficient numbers of staff on duty to meet people's needs.

We checked the recruitment records for two members of staff. These records evidenced that references and a Disclosure and Barring Service (DBS) check were in place prior to people commencing work. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions. The registered manager told us that staff were required to renew their DBS checks every three years, as an additional safety measure. This meant that only people considered safe to work with people who may be vulnerable had been employed at Lavender Court.

The support people required with the administration of medicines was recorded in their care plan. We saw that medicines were stored safely, obtained in a timely way so that the person did not run out of them, administered on time, recorded correctly and disposed of appropriately; this included the management of controlled drugs. We discussed with the registered manager that some handwritten entries on medication

administration records did not have two staff signatures to show that the written entry had been checked against the prescribing label. They assured us that this was the home's policy and staff would be reminded that this is good practice.

Accidents and incidents were recorded, analysed each month and audited to identify any patterns that might be emerging or improvements that needed to be made. Body maps were used to record injuries and to assist staff in monitoring the person's recovery.

There was a contingency plan that provided advice for staff on how to deal with unexpected emergencies, and there was a summary of the support each person would need to evacuate the premises. We discussed with the registered manager that it would be more beneficial for the emergency services and staff to have individual personal emergency evacuation plans in place. Fire drills were undertaken to ensure people knew what action to take in the event of a fire.

We reviewed service certificates and these evidenced that equipment and systems had been appropriately maintained. This included the fire alarm system, fire safety equipment, mobility and bath hoists, the electrical installation, the emergency call system, portable electrical appliances and gas appliances and systems. Weekly and monthly checks carried out by the home's maintenance person were clearly recorded. Everyone we spoke with told us that the home was maintained in a clean and hygienic condition and we observed this on the day of the inspection.

A care professional told us, "The home is always clean and tidy and there are no unpleasant odours."

Outstanding ☆

Is the service effective?

Our findings

We found that the home had made improvements in the effectiveness of the service they provided to people who lived at the home.

People's individual dietary requirements and their likes and dislikes were clearly recorded in their care plan and we saw people had nutritional assessments and risk assessments in place. The cook had a copy of people's nutritional risk assessment so they could follow any specific instructions to meet the person's needs. The cook told us that, when people were at risk of losing weight, they were encouraged to drink milk shakes or 'smoothies' to maintain their calorie intake. A care professional told us that people were provided with cool drinks in warm weather and there were always drinks and snacks available.

Another care professional told us about a person who had moved into the home following an extended period in hospital. They had a low BMI, were grossly underweight and were not expected to recover. The care professional praised staff at the home, who had requested support from the speech and language therapy (SALT) team and dieticians. With support from staff, this person had a slow but steady increase in their weight, no longer needed thickener in their drinks and was able to mobilise more confidently.

Staff described how they had made changes that led to improvements in another person's well-being. The person was prescribed thickened fluids and a softened diet on their discharge from hospital. Staff identified that the person really disliked this and were reluctant to eat and drink so were losing weight. Staff arranged for the person to be reassessed, with the outcome that both were discontinued and the person's appetite returned. Staff told us it was felt by the health care professionals involved in the decision making that the risk of dehydration outweighed the risk of the person choking.

There was a menu on display that included words and pictures to help people understand the meal choices. We observed the serving of lunch; the meal looked appetising and was clearly enjoyed by people who lived at the home. Two people required assistance with eating their meal and this was provided appropriately by staff to ensure they received sufficient quantities and that they received their meal safely. People told us they liked the meals provided. One person said, "I have no complaints. I enjoy all the meals."

Staff demonstrated that there was a strong emphasis on the importance of eating and drinking. At the last inspection the registered manager told us about the Nutrition Mission, an initiative introduced by the NHS to reduce the risk of malnutrition in older people. At the last inspection the home had achieved the bronze award, and at this inspection the registered manager told us they had now achieved the silver award. The registered manager told us that they had seen a remarkable improvement in people's health as a result of them taking part in the initiative. Dieticians no longer needed to visit the home to see people with individual concerns. Because staff had built up excellent links with dietetic professionals, telephone consultations were held to ask staff what action they had taken so far and maybe make further suggestions.

There were plans in place to open an ice cream parlour in the Summer of 2017. People had been consulted about this and were keen for it to open. As well as providing an activity, the aim of the ice-cream parlour was

to encourage people to eat foods with a high calorie content to help them maintain their weight. The staff who organised the Nutrition Mission had expressed an interest in becoming involved in this project at the home.

As a result of the home's involvement in the Nutrition Mission, the registered manager became aware of a Delirium Observation Screening Scale (DOSS) study that was being carried out by Leeds University. She contacted them to express an interest in being involved. The researchers visited the home to speak to potential participants and gain consent from the fourteen people who wished to take part, and provided staff training. They visited once or twice a week as part of the study, and participants fed back that they were 'excited' to be taking part. Daily checklists were completed and the outcome was that two people displayed symptoms of delirium. There was a positive outcome for one person; they became aware of the symptoms of delirium (a chest infection in their case) and were prescribed 'just in case' medicines. They reported that this made them feel as though they had some control over their general health. This research led to four people being involved in further research that was being conducted same university called 'Cognitive and Ageing Research'. This had recently been completed and the researchers were due to visit the home to give the participants feedback.

These initiatives demonstrated strong partnership working which promoted people's quality of life and led to improved wellbeing.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the record of DoLS applications that had been submitted to the local authority for authorisation and the DoLS authorisations that were due for renewal.

Staff had completed training on the MCA. We found they were confident when explaining their understanding of the MCA, DoLS and the importance of obtaining people's consent to their care. When people had capacity to do so, they had signed consent forms for such areas as photographs being included with care records. It was clearly recorded when decisions had been made in the person's best interest when they did not have the capacity to make the decision themselves. Staff described to us how they helped people to make day to day decisions, such as which meal to choose and what clothes to wear. They told us they might use picture cards to help people make a choice. One member of staff said, "I would keep things simple – just give two or three choices so they could point at which one they wanted."

People told us they had control over their lives. One person said, "Nobody ever stops me doing anything. I am in total control of my activities."

Staff received induction training when they were new in post; topics covered included fire safety, infection control and safeguarding adults from abuse. Staff also shadowed experienced staff as part of their induction training. We discussed with the registered manager how it would be helpful for these dates to be recorded with staff recruitment records. Staff who were new to the caring profession were also required to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers observe. It is the minimum standards that should be covered as part of induction training of new care workers.

The registered manager had considered staff's differing learning styles and, as a result, staff were able to choose on-line, distance learning work books or face to face training. Training records showed staff had completed training on the topics considered essential by the home and some staff had also completed 'desirable' training such as end of life care, dignity and respect, dental health and equality and diversity.

Staff who had responsibility for the administration of medicines had completed appropriate training, and the deputy manager and senior care worker had achieved a National Vocational Qualification (NVQ) Level 5 in Leadership and Management for Health and Social Care. Ancillary staff also completed training to enhance their knowledge. For example, the cook had completed training about oral health and why this could affect how people ate their meals. This demonstrated that staff were encouraged to continue to learn and enhance their skills.

We saw evidence to show that staff received regular supervision. This gave staff the opportunity to meet with a manager to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice.

The home had champions for moving and handling, nutrition, dignity, dementia, infection control, safeguarding and oral health. Champions are members of staff who take a particular interest in a topic and have a role in sharing good practice with colleagues. The registered manager told us that the dignity champion had used their enhanced knowledge to assist managers to update care plans to reflect the values associated with dignity.

People were supported by GPs, community nurses and other health care professionals and all contacts were recorded. One person told us, "I had a chest infection and the GP came twice in a week." We saw any advice sought from health care professionals had been incorporated into care plans. One health care professional told us, "The queries made with us are always appropriate, and any advice we give is followed. For example, if we ask staff to inform us how a person is after they have finished a course of medication, this is always carried out." When people had a specific health care condition, good practice information had been obtained and was stored in the person's care plan for staff to refer to.

We received information from two health care professionals that indicated there had previously been concerns about effective communication between themselves and staff. However, both health care professionals said that the home had implemented systems to address this. One health care professional went on to say that the home had introduced a system of emailing enquiries to the surgery; this had enabled them to receive a speedy response from a health care professional and provided an electronic record of the advice provided for future reference. The health care professional felt this had led to people receiving more prompt advice and treatment.

Good

Is the service caring?

Our findings

We observed that staff were kind, caring and patient. People told us that staff genuinely cared about them. Comments included, "Yes, they all care so much" and "Like I said, they [the manager and staff] love me." A member of staff said, "We genuinely care. We are a small team with low staff turnover. We know people very well." Care professionals told us, "Carers are communicative, polite and even tempered", "Staff genuinely care – absolutely" and "We found the staff to be caring and to have a good knowledge of the residents social and clinical needs."

People had been allocated a key worker. A key worker is someone who takes a special interest in the person and is their main link with the staff group. There was a record of the 'quality' time people had spent with their key worker.

We saw people who lived at the home looked well cared for, were clean shaven (when this was their choice) and wore clothing that was in keeping with their own preferences.

Staff had signed up to the 'dignity challenge' and there was a dignity champion at the home. Champions are staff who have a particular interest in a topic and their role includes sharing good practice with colleagues. In addition to this, the registered manager had carried out an audit to measure how staff were working to promote people's dignity.Staff were able to describe how they promoted people's privacy and dignity, such as closing doors and covering people with a towel to protect their modesty. A health care professional told us that they saw people in a private room when they were checking their skin integrity and a social care professional told us that they had seen there were screens in double rooms to provide people with privacy.

Staff received training in equality and diversity and there was an appropriate policy in place. People were supported to practice their faith where they had expressed a wish to do this. One person told us, "I go to church twice a week by taxi." Communion was held at the home once a fortnight for people who were interested.

Appointed service users were actively involved in recruitment and decision making. They sat in on the interview panels and helped finalise decisions about appointing new starters. This involved them in making decisions about some aspects of how the home was operated.

There was information available for people about advocacy services. Advocates help people to express their concerns, explore options and have their voice heard.

We saw that written and electronic information about people who lived at the home and staff was stored securely. This protected people's confidentiality.

Good

Is the service responsive?

Our findings

The registered manager or deputy manager continued to complete an initial assessment of people's needs before they moved into the home, to ensure their needs could be met. A care professional told us that this process had been very thorough for a service user they had placed at the home. A care plan was developed from the initial assessment information. Care plans contained information for staff about how to meet people's needs in a variety of areas, including medicines, personal care, diet, mobility, communication, religious beliefs, pressure area care and social activities.

We saw that care plans contained sufficient information to ensure staff were aware of people's specific care and support needs and to enable staff to provide care that was centred on the individual. During a respite stay at the home, one person was displaying behaviours that challenged the service and other people who lived at the home; some of this was due to their desire to visit the pub. The managers created a pub like atmosphere in the home and even 'called time', and this resulted in the person being less anxious and actually enjoying themselves.

Care plans were reviewed regularly to ensure that information was reflective of people's current needs. We discussed with the registered manager that there were a small number of anomalies in care records, such as inconsistencies in food and fluid intake records, and they agreed to address this with staff.

Daily handover meetings provided staff with up to date information. Records showed staff discussed any concerns about people who lived at the home, as well as visits from and contact with health care professionals.

People were supported to keep in touch with family and friends and visitors were made welcome at the home. One person told us, "They [the visitors] come at any time and are always welcome." People were supported to maintain relationships both within and outside of the home, and these relationships were respected by staff.

Activities were carried out by an activities coordinator on two afternoons a week, and by care staff as part of their day to day duties on the other days. The activities programme included a therapy dog each week, an exercise class every fortnight and singers once a month, plus daily activities such as indoor bowls, jigsaws and one to one time with staff. People told us they enjoyed the activities. One person said, "I take part in most activities. I am going to join the dominoes set soon."

There was evidence that people who lived at the home were part of the local community. One person received an audio version of the local newspaper and the home had taken part in the village scarecrow competition. Children from the local dance school had provided entertainment. People who lived at the home had become very interested in the dance school, and asked if they could raise money for them. As a result of this support, every time the dance school devised a new show, they practised it first at Lavender Court. This gave people a real sense of being involved with young people in the community.

There was also a defibrillator for the use of people in the village attached to the front of the premises. People who lived at the home were asked if they were happy for this to happen and they were all in agreement.

Information about making a complaint continued to be available in the home and there was a complaints form displayed at the reception area for people to complete. People told us, "I will address the matter there and then and go further if necessary" and "I know how to complain. I am a confident outspoken person and would have no problems." One person said they had complained and they had been satisfied with the outcome.

People had an opportunity to express their views on the care and support provided at 'resident' meetings. The minutes of recent meetings showed that menus and activities were discussed, as well as plans for an ice-cream parlour in the home's garden. People were reminded that there was a box in the conservatory where they could place comments, concerns and suggestions.

People who lived at the home were also issued with a satisfaction survey. The responses had been collated and analysed, and feedback was given to people in the resident meetings. People told us they felt listened to. One person said, "Absolutely – we talk all the time" and "Yes, if we don't like it we go to the office."

This showed that people had a variety of ways to give feedback on the quality of the service they received, and that staff were responsive to people's suggestions and concerns.

Outstanding ☆

Is the service well-led?

Our findings

There was a registered manager who had been in post since the home was first registered in April 2013. 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. This provided consistency for people who lived at the home and staff.

At the last inspection in March 2015 we rated Well-led as Outstanding. This was because the registered manager demonstrated that they placed strong emphasis on continually striving to improve. They had introduced champions for the topics of moving and handling and dignity, they had involved people who lived at the home in the recruitment process and had supported staff to take part in the Nutrition Mission, which at the time was a new initiative by the local NHS to reduce the risk of malnutrition in older people. Lavender Court were the first care home to receive this award.

It was clear that the registered manager was proactive about continually improving the service. At this inspection we saw that the service had continued to work on the Nutrition Mission and had achieved the silver award. There were plans in place to open an ice-cream parlour in the garden to encourage people to eat enriched foods and further reduce the risk of malnutrition, but in a fun way that involved people who lived at the home in the planning process. The registered manager had taken part in research with Leeds University that involved giving feedback about 'frailty' in people living in care homes. This was in addition to arranging for people who lived at the home to take part in research with the same university about 'delirium in confused elderly residents'. It was clear that some people who lived at the home had benefited from taking part in this research. The researchers fed back to us, "Our experience of Lavender Court was very positive. It was a pleasure to work with them and we will look for projects that might take us back again." This showed that the service strove for excellence through taking part in research projects and enhancing their own learning.

People who lived at the home continued to be involved in the staff recruitment process, which empowered them to voice their opinions and have some input into how the home was operated. People told us they were very happy with how the home was managed. Comments included, "I am very pleased that I made the decision to come here. It's my home", "Excellent. The door is always open" and "Very competent, very friendly and very helpful." People who lived at the home continued to be involved in the staff recruitment process, which empowered them to voice their opinions and have some input into how the home was operated.

During the last inspection we received very positive feedback about the service from people who lived at the home, staff, relatives and care professionals. At this inspection we again received very positive feedback from care professionals. Comments included, "I have had only positive feedback from people that I have been directly involved with" and "Managers are very organised." One care professional told us that the registered manager had dealt with a stressful situation very sensitively to ensure the respite care experience for one couple had been positive for both of them. They added, "[Name of registered manager] and staff

were very welcoming and caring towards them both, making the transition to the short stay easier than it has often been in the past. So much so that they are thinking about this as a permanent placement."

To promote good relationships between the day and night staff, the registered manager and deputy manager worked a night shift to allow the rest of the staff team to go out to celebrate Christmas together. Staff described the culture of the home as "Very friendly and caring. A homely home – happy and relaxed" and "Friendly and warm." Staff told us, "[Name] is the owner / manager. The home is her baby so she goes over and above what is required" and "The manager and the deputy are both very approachable."

Staff meetings were held and staff had signed the minutes to record they had read them. A new initiative was introduced at the most recent staff meeting; a problem solving / solution book. Staff were asked to record any minor issues so that their colleagues could assist them with solving them. It was felt this would promote team work, consistency and improved communication. The registered manager told us that this was working well and gave us an example of how staff had agreed a solution to one issue raised. The registered manager told us that staff were able to give anonymous feedback in surveys and they felt that this gave staff an additional way (as well as staff meetings and supervision meetings) to express their views. There was evidence the registered manager acted on any feedback they received.

Relatives meetings had been held in September and December 2016. Relatives were told about a study people who lived at the home had been invited to take part in, activities, the importance of oral hygiene and the organisation that offered eye tests to people who lived at the home gave a talk. All of the relatives present at the meeting said they had no concerns about people's care.

The registered manager continued to carry out effective quality audits to monitor that systems at the home were working effectively and that people received appropriate care. These included audits on care plans (three per month), health and safety, infection control and medicines. Audits were carried out on individual medicine records [one per month], medicines storage [three monthly] and CDs each week. Any shortfalls were recorded in an action plan and there was a record of when corrective action had been taken. We saw evidence of emails to and from the GP surgery to check on the accuracy of records following medicine audits.

We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely. In addition to this, the current ratings for the service awarded by CQC were clearly displayed in the home, as required.

It was identified that there had been misunderstanding about when statutory notifications were required and this has been resolved with the registered provider.