

Lavender Support Services Limited

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Inspection report

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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 

Overall summary

Lavender Support Services Limited is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection the service provided approximately 50 packages of personal care and support.

The inspection took place on 8 and 14 April 2015.

The service had a registered manager. 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.

Summary of findings

People felt safe and were treated well by staff. Staff had a good understanding of how to identify abuse, and knew how to respond appropriately to any concerns to keep people safe.

Staff managed risks to promote people's safety, and balanced these against people's right to take risks and remain independent.

Staff numbers were based upon the amount of care that people required, in conjunction with their assessed dependency levels.

Recruitment procedures were in place to ensure that only people who were considered suitable worked within the service.

Systems were in place to ensure that medicines were administered and handled safely.

There was an induction programme for new staff which prepared them for their role. Staff were provided with a range of training to help them to carry out their roles effectively. They had regular supervision meetings with their manager and annual appraisals to support them to meet people's needs.

Staff were meeting the requirements of the Mental Capacity Act (MCA) 2005.

People were supported to attend health appointments when required and to see social care professionals as and when they needed. Prompt action was taken in response to illness or changes in people's physical and mental health.

Staff treated people with kindness and compassion and cared for them according to their individual needs. Staff had a good understanding of people's needs and preferences and we received positive feedback from relatives about the service provided by care workers.

Staff were knowledgeable about the specific needs of the people in their care. They responded well to people's personal views and preferences.

People knew how to make a complaint if they needed to and were confident that the service would listen to them.

The registered manager and senior staff consistently monitored and reviewed the quality of care people received and encouraged feedback from people and their representatives. This was used to identify, plan and make improvements to the service.

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?

This service was safe.

Staff had a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place.

Where risks to individuals were identified, specific plans were in place to minimise any adverse effects from these.

Staffing arrangements meant there were sufficient staff to meet people's needs and the service followed robust procedures to recruit staff safely.

Good



Is the service effective?

This service was effective.

People were supported by staff that had appropriate skills and had received the training they required to perform their role.

The service was meeting the requirements of the Mental Capacity Act 2005 and staff were aware of their responsibilities to always act in a person's best interests.

Staff provided people with support with meals where required.

People's health needs were monitored closely and the service sought advice and up to date information from relevant healthcare professionals.

Good



Is the service caring?

This service was caring.

People were happy with the care provided and had good relationships with staff.

Staff demonstrated they had a good understanding of the people they were supporting. People were treated with respect.

Systems were in place to make sure staff had all the information they needed to meet people's assessed needs.

People and their relatives were consulted about their assessments and involved in developing their care plans.

Good



Is the service responsive?

This service was responsive.

People's needs were assessed before they began using the service and care was planned in response to their needs.

People's wishes were documented and they received their care in the way they preferred.

Good



Summary of findings

The service had a complaints policy which outlined how formal complaints were to be dealt with. Complaints and concerns were discussed with staff to identify lessons learned and improve the service.

Is the service well-led?

This service was well led.

The service was led by a registered manager who had vision and values that were shared by staff, for the development of the service.

Staff confirmed that they maintained a good relationship with the registered manager and felt comfortable raising concerns with them.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

The provider recognised the importance of regularly monitoring the quality of the service provided to people.

Good



Lavender Support Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 14 April 2015 and was announced. We gave 48 hours' notice of the inspection to ensure that that staff were available and people were at home.

The inspection was undertaken by one inspector and an expert by experience, who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. They supported us during this inspection by making telephone calls to service users.

We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also contacted the local authority that commissions the service to obtain their views.

We spoke with seven people who used the service and eight relatives in order to gain their views about the quality of the service provided. We also spoke with three care staff, two senior carers, a care co-ordinator, staff trainer, registered manager and the deputy manager, to ensure that the service had robust quality systems in place. We reviewed the care records of ten people who used the service and the recruitment and training records of four members of staff.

Is the service safe?

Our findings

People felt safe and trusted in the staff that supported them to keep them free from harm. One person told us, “Oh yes, I feel safe with the service, they are all so lovely.”

Relatives also confirmed that they had no concerns about the staff that cared for their family member. One said, “I feel very comfortable that my [family member] is safe.”

Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and explained what they would do if they thought someone was at risk of abuse. They spoke to us about the reporting process that they would use, and were confident that any allegations would be fully investigated by the registered manager and the provider. One member of staff said, “I have no worries about reporting anything, I know that it will be dealt with properly and we always get to find out the outcome of a safeguarding or incident.” Staff also told us that where required, they would escalate concerns to external bodies; including the local authority safeguarding team, the police and the Care Quality Commission (CQC). Staff had access to safeguarding guidance and information from the in house trainer and told us that this was a useful resource to help consolidate their knowledge. We found that staff had attended training on protecting people from abuse, and the staff training records we reviewed confirmed this.

Staff told us that they identified safeguarding concerns from their observations when providing people with care, from reviewing people’s records and analysing incidents and accidents. The registered manager had taken appropriate action in response to safeguarding concerns and investigations and confirmed that the service had been able to use the findings to improve future practice, for example in respect of medication administration. Records detailed that the outcome of safeguarding concerns was communicated to all staff so that lessons could be learned. There were robust systems in place to assist staff in keeping people safe.

People were aware that staff had written information that they used to help keep them safe. Staff told us that risk assessments were important, especially when used in conjunction with support plans. The registered manager told us that risk assessments were discussed at a recent staff meeting and we saw that the minutes from this meeting emphasized the importance of maintaining

accurate risk assessments, whilst considering people’s choices and decisions. Risk assessments had been completed for people in areas including moving and handling and the safety of their home environment. The information in these documents was detailed, up to date and reviewed regularly but more frequently when someone was new to the service or their needs had changed. Staff had access to current information about the people they supported. Where risks had been identified, practical guidance was included in the written record to advise staff on how risks could be minimised.

Staff were aware of the reporting process for any accidents or incidents that occurred in people’s own homes. Accidents were reported directly to the registered manager so that appropriate action could be taken. Staff felt that the system of reporting accidents or incidents helped to keep people safe and free from harm because it meant that they were vigilant to any changes which occurred.

Staff had been through a robust recruitment process before they started work at the service. The registered manager explained the importance of using safe recruitment processes and detailed the information obtained before staff commenced employment. We were told that there was a pre-screening process which took place by telephone and that, if appropriate, the next step would be a face to face interview. Records were well organised and new staff had completed application forms which included a full employment history. We saw interview questions and answers and completed skills tests. Staff files included evidence of criminal record checks, proof of their identification and two employment references. There was an effective recruitment and selection process in place which ensured staff were checked before they began working with people who used the service.

People and staff told us that there was enough staff on duty to meet the needs of people safely. One person stated, “Oh yes, there are plenty of girls that look after me.” One member of staff said, “Staffing is not a problem. There are enough of us and we all do what we need to.” Another member of staff told us, “It helps because we have our own areas, so we know how long it will take us to get somewhere. The rotas are worked out to help us.” Staffing levels within the service were flexible to accommodate

Is the service safe?

busy periods or cover sickness and were reviewed regularly and adjusted when people's needs changed. There were sufficient numbers of staff available to keep the current group of people who used the service safe.

People received their medication on time and were supported by staff to understand why they needed to take them. One person said, "I don't need many tablets but they help me just fine with them." The level of support people required with medicines varied, some required minimal prompting and some more support and guidance. We found that there were different levels of medication

training for staff, based upon the support that people required and records confirmed that staff had received the required training to ensure they delivered safe care. Staff told us that they always signed the medication administration records (MAR) after giving medication. We looked at five MAR charts and noted that there were no gaps or omissions. The correct codes had been used and when medication had not been administered, the reasons were recorded. People received their medicines when they should and were kept safe, and protected by the safe administration of medicines.

Is the service effective?

Our findings

People were content that staff knew what they were doing when they delivered care and provided them with support. One told us, “I know that they know what they are doing.” A relative said, “They are all very competent.” People and their relatives considered that they received good care and were supported by well trained staff.

Staff had received an induction and explained that this was beneficial in giving them experience of the work they would go on to do. There was no set period of time for the induction process and this meant it could be tailored to the individual needs of staff members. The initial shadowing visits with experienced members of staff helped them to understand people’s needs and to get to know them before they began to work independently. All new staff received induction training, which included training on health and safety, fire safety, moving and handling and safeguarding, along with relevant training to ensure that they could meet people’s assessed needs.

Staff had access to a regular training programme from the in house trainer which they felt was very useful in helping them keep up to date. They confirmed that they had a range of training to support people and keep them safe, including first aid, infection control and mental capacity. One staff member told us, “The training always prepares us to look after people. It is really good.” We were also told, “You can never have too much training.” Staff told us that they had annual refresher training to update their skills and knowledge and were encouraged to complete further qualifications, such as Qualification Credit Framework (QCF) Level 2 and 3. The service used a system of training that enabled staff to work through at their own pace but also assessed their competency. Training records we looked at confirmed that staff had received appropriate training to meet people’s assessed needs.

Staff received supervision and attended regular staff meetings. Those that had worked at the service for more than a year said they had an annual review of their work performance, during which their training needs were identified. If they had any problems or questions between supervisions, they could go to the registered manager and other senior members of staff, who they said were very supportive and always accessible to them. One staff member said, “There are never any problems with the support we get. It doesn’t matter when we need it, we can

ring up or come in. We always get it that is what good about working here.” Staff were also subject to unannounced checks carried out by senior staff, where working practices were evaluated and they received feedback on the findings. The registered manager confirmed that there was an out of hours on call system in operation, that ensured that support and advice was available for staff when needed. There was always a senior person available to support staff and give advice in times of emergencies.

People told us that staff always asked them whether they were happy to receive support before staff started to help them. One person said, “They don’t just assume, they always ask.” Staff told us that they obtained people’s consent before assisting them with personal care and knew that people had the right to refuse or accept their support. In the care plans we examined we found that people had signed an agreement for staff to support them with their personal care and to assist them with their medicines.

We found that the service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff had received MCA training and were able to correctly demonstrate an understanding of the issues surrounding consent and the MCA. They told us what they would do if they suspected any of the people using the service lacked the capacity to make a specific decision. The registered manager and deputy manager both had an awareness of the MCA 2005 and the Deprivation of Liberty Safeguards (DoLS) and the steps that should be followed to protect people’s best interests. We were told by the registered manager that there was no one currently receiving support that lacked capacity to make their own decisions at the time, but that this was something that was reviewed on a regular basis.

People told us that that the support they required with nutrition and meal preparation was assessed as part of their care package. Staff said that when required, information was incorporated into people’s care plans so that the food they received was to their preference. Details of people’s dietary needs and eating and drinking needs assessments were recorded within care records and indicated people’s food likes and dislikes and if they needed any support with eating and drinking. Much of the food preparation at mealtimes was completed by family members and staff were required to support people by reheating meals and to ensure they were accessible for people.

Is the service effective?

People told us that most of their health care appointments and health care needs were managed by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and they liaised with health and social care professionals involved in people's care if their health or support needs

changed. The registered manager confirmed that if staff were concerned about a person, they would support them to contact a GP or district nurse. Where people had seen health professionals and the advice had an impact upon the care package, care had been reviewed to ensure that it met people's assessed needs.

Is the service caring?

Our findings

People and their relatives were extremely happy with the care they received and the kind and caring way in which staff treated them. One person said, “They are just the best.” Another person told us, “I cannot fault them; I don’t know where I would be without them.” A relative told us, “My [family member] receives amazing care and support from staff.” The comments that we received confirmed that people were very satisfied with the quality of care they received from the service.

People told us that they were treated with kindness and compassion by staff that had their best interests at heart. One person said, “We can have a jolly good laugh about things and we all communicate very well.” A relative told us, “The girls have a lovely interaction with my [family member] it is happy and there is a lot of laughter.” Where specific carers were requested, we were told that this would be always be accommodated where possible. People appreciated that this was not always possible but expressed that when they saw the same staff members, this made them feel valued. Staff told us that the office staff worked hard to ensure that people were known to them and regularly attempted to allocate the same group of staff to people, so that people received continuity of care from the service and were supported to build up meaningful and caring relationships.

People confirmed they were supported by staff in a patient and supportive manner when they received care. One said that staff showed concern when they felt ill or had noticed a change within them and helped them to do things that were not always in their care plans. For example, bringing milk or bread when they had run out or fetching medication from the pharmacy. Staff told us that although care plans were important, they would always strive to ensure that people had everything they required to make them happy, even if this was not documented in the care plans.

Where people were upset or anxious about things, people told us that staff took the time to engage with them and discuss their concerns. Staff told us that they tried to ensure that people had a good quality of life. One said, “They deserve the best and we work really hard to make sure they get it.” Staff were passionate and enthusiastic when talking to us about the care they provided people with. They were very motivated to provide good care for people and to ensure they felt valued and cared for.

People and their relatives told us they were involved in assessing and planning for their individual care needs and how staff could best meet them. They explained that they felt involved and supported in making decisions about their care and treatment and were always listened to when they contributed an idea. One person said, “I am able to tell the carers what I want as I can speak for myself and able to make my own decisions.” It was apparent from our discussions with people that they were given the information they needed to make required changes or discuss any issues that they had.

Advocacy services were available for people and the registered manager had available information for staff and people. Although no-one was using advocacy services at the time of our inspection, information on how to access their services was accessible if it was required.

People confirmed that staff made an effort to protect their privacy and dignity by making sure they were covered when receiving personal care and by ensuring that doors were always closed. Staff understood the importance of maintaining people’s privacy and dignity in their own home. One member of staff said, “I always close the door.” Another told us, “I would never discuss someone else’s needs in another person’s house.” Staff worked hard to promote people’s independence, privacy and dignity whilst providing care and to protect people’s confidentiality.

Is the service responsive?

Our findings

People felt they received personalised care because of their involvement within their care planning before the service commenced. They told us they were asked their views about how they wanted their support to be provided, for example, about their preferences for their daily routine or whether they required support with meal preparation. One person said, “I am involved with planning my care needs.” Records confirmed this to be the case and helped the service to ensure they could meet people’s needs appropriately.

Staff and the registered manager told us that pre admission assessments of people’s needs were carried out prior to a package of care being commenced. Assessments that had been undertaken detailed people’s past medical histories, their likes and dislikes, preferred routines and any care needs that they required support with. We found that information was obtained about people’s allergies and that their level of independence was assessed, so that suitable care could be delivered. People were consulted and were able to tell the service what their needs were and how they wanted them to be met, including what time of the day they required their support.

People told us that staff were aware of how they wanted their care and treatment to be given to them, for example, in respect of support with medication. During our conversations with staff it was evident that they had a good awareness of people’s needs and they told us that they were involved in reviews of care along with the person and their relative if appropriate. One staff member said, “If I notice any changes in someone’s needs, then I report back to the office. They always get taken account of and I feel part of that process.” Care plans were specific to people as individuals and provided staff with information on how to manage people’s individual needs. They were reviewed on a regular basis and updated as and when people’s needs changed. People had the opportunity to contribute to their care and tell the agency if the support still met their needs.

Staff were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. They understood the support each person required to meet their assessed needs, even when they were visiting people they did not see on a regular basis because of the regular updates they received from senior staff. One staff member

said, “The care plans are so detailed, that we even have information on how to react to people’s animals, if they are an important part of the package.” Any changes in people’s needs were passed on to staff through phone calls, handovers and supervisions. This enabled them to provide an individual service that was reflective of people’s current needs.

The registered manager told us that they provided people and their families with information about the service when they were assessed. This included a welcome pack which provided information about the services, the costings of the care and the support offered and provided people with sufficient information to determine if the service was right for them.

Staff told us that they encouraged people to participate in activities they enjoyed. Information in respect of people’s participation in activities and their preferences were obtained when people first began using the service and we saw that this was detailed within care records. Staff told us that they worked with family members to prevent social isolation by encouraging people to participate in daily activities they enjoyed. They told us that if they had concerns, they would discuss this with relatives and people to come up with a workable solution. Staff told us that even though they might not be able to help people attend activities, they felt it was important to talk about them to stimulate people’s interests and to develop an effective bond. Where following a particular interest or activity was an assessed part of someone’s care needs and package of care, then people were encouraged to maintain their interests.

People and their relatives were aware of the formal complaints procedure and knew how to make a complaint, if they needed to. At the time of our inspection people told us they had nothing they needed to complain about. However, they told us that they would tell a member of staff if they had anything to complain about and were confident the service would listen to them if they had to make a formal complaint. One person said, “I know who to go to if I have a problem. This company is much better than the care company we had before.” We saw a response to a past complaint which stated, “Thank you for your prompt action, it shows that you care and are professional in all you do.” There was an effective complaints system in place that enabled improvements to be made. We looked at the complaints file and saw that the registered manager had

Is the service responsive?

dealt with complaints in a timely manner and in line with the provider policy. A system was in place to analyse the trends and patterns of complaints, so the provider could learn lessons and act to prevent similar complaints from occurring in the future.

People were supported to express their views through means of reviews of their support packages and annual surveys. They could contact the office at any time if they wished to discuss anything about their support with the registered manager. There were procedures in place to

obtain people's views and monitor and improve the quality of the service provided. The registered manager sent out questionnaires to each person who used the service to determine how the service was performing. We were told that this was now going to be on a six monthly basis, rather than annually, so as to gain a more robust level of feedback. An analysis of the results on any areas that had been highlighted as requiring improvement was completed and used to make improvements.

Is the service well-led?

Our findings

The service had a registered manager in post in accordance with their regulatory requirements. Most people we spoke with knew who the registered manager was. One said, “I do know the manager and I consider myself very lucky as the team are good and fastidious. The registered manager led a team which consisted of senior staff, carers and office based staff, who all shared a common goal in providing people with high quality care and support. Staff understood the values and philosophy of the service and said there was an open culture within the service. They felt confident that if they raised any concerns or questioned practice with the registered manager, they would be acted on appropriately.

Staff received constructive support from the registered manager and senior staff. One told us, “The registered manager is very supportive and approachable; any of the senior staff are. It is not us and them, we all work together like one big team.” We were also told, “I know that I can always come in if I have an issue. There is an open door policy, things are always acted on and I think we are a good team.” Staff were very clear about their roles and responsibilities and told us they enjoyed working for the service.

Information CQC held showed that we had received all required notifications and that these had been submitted in a timely manner by the registered manager. We saw evidence that the registered manager learnt from such issues and that information was passed onto staff so that service delivery could be improved upon.

Staff told us that they had access to the provider’s policies and procedures, which included safeguarding, privacy and dignity and complaints. They told us that this was helpful if they needed to reinforce a certain aspect of their working life.

The registered manager told us that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. There was a system in place for reporting accidents and incidents to the registered manager and we found that they logged these appropriately for investigation. All possible action had been taken to review risk factors to minimise the risk of reoccurrence and to improve the service for people.

Staff told us they were aware of the service’s whistle-blowing procedure and were able to tell us who they would escalate their concerns to. They said that they would not hesitate to use this process if they felt it appropriate. This meant that any incidents of poor practice would be reported by staff to the registered manager. In a recent staff meeting, we found that whistleblowing procedures were discussed and that if staff were concerned about the registered manager’s practice, they were aware of other avenues they could pursue to report their concerns.

Senior staff carried out unannounced checks on care staff to make sure they turned up on time, wore their uniforms and identification cards and supported people in line with their care and support plans. The registered manager talked to people who used the service at quality monitoring visits to find out if they had any problems with the care and support they received. This ensured that feedback was used to improve practice and the overall service provided.

Staff told us that regular staff meetings were held and were useful and enabled them to raise issues within the team and to challenge areas that could be improved. They told us these were particularly useful for issues that involved the whole team. Topics discussed included the change of rotas, medication errors and documentation.

The registered manager and deputy manager told us that they wanted to provide good quality care and to strive for future improvement. From our discussions it was evident they were continually working to improve the service provided and to ensure that the people who used the service were content with the care they received. We were told that the computer system had a mechanism for monitoring late calls and that this was being looked into, to see if it would benefit the service. We were also informed of plans to employ a receptionist, to free up time from other staff so that they could focus more on the management side of things and make further improvements to the service as a whole. It was clear that they had a clear vision for where they wanted to be and the action they needed to take to achieve this.

The deputy manager told us about the range of audits that were carried out including, care plans and medication. Daily care logs and medication records were returned to the office for the management staff to monitor and review on a regular basis. There were systems in place to monitor

Is the service well-led?

the quality of the care provided and we found that the findings from the audit checks, monitoring visits, complaints and compliments were used to identify areas for improvement; action plans were put in place with

realistic timescales for completion. The service reviewed matters on an on-going basis, in order to improve the quality of service being provided and drive future improvement.