Quality Care UK Limited

Lavender House

Inspection report

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Brough
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Lavender House is situated in the centre of Brough and provides accommodation and personal care for up to 32 older people, including people who may be living with dementia. There were two lounges, one with dining space, and four bathroom facilities, although only one bathroom was in use on the day of this inspection. A passenger lift provided access to the upper floor. At the front of the house there were unsecured gardens and car parking was available.

This inspection was carried out on 27 April 2016 and was unannounced. One Adult Social Care (ASC) inspector carried out the inspection. The service was last inspected in December 2013 and the service was found to be compliant in all of the standards apart from requirements relating to infection control. This was followed up in March 2014 and the service was found to be compliant.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

We found that the services premises and equipment were not always safely maintained. A bath chair was found to be in an unsafe condition and annual maintenance checks had not been completed for the fire alarm, emergency lighting and the bath chair. This was a breach of Regulation 12. You can see what action we told the provider to take at the back of the full version of the report.

We found that the premises were not properly maintained and did not have an adequate outdoor space that people using the service could safely use. This was a breach of a Regulation 15. You can see what action we told the provider to take at the back of the full version of the report

We found the registered provider had audits in place to check that the systems at the home were being followed and people were receiving appropriate care and support. However, we found it had failed to detect that several maintenance certificates had expired, that equipment was broken and that parts of the premises were not adequately maintained. This was a breach of a Regulation 17. You can see what action we told the provider to take at the back of the full version of the report

We found that staff had a good knowledge of how to keep people safe from harm and there were enough staff to meet people's assessed needs. Staff had been employed following appropriate recruitment and selection processes and we found that the recording and administration of medicines was being managed appropriately at the service.

We found assessments of risk had been completed for each person and plans had been put in place to minimise risk. Apart from the services only bathroom, other areas were clean, tidy and free from odour and

cleaning schedules were in place.

We saw that staff completed an induction process and they had received a wide range of training, which covered courses the home deemed essential, such as, safeguarding, moving and handling and infection control and also service specific training such oral care, person centred care and end of life care.

The registered manager understood the Deprivation of Liberty Safeguards (DoLS) and we found that the Mental Capacity Act 2005 (MCA) guidelines had been followed. The home did not use restraint, and this was confirmed during conversations with staff.

People's nutritional needs were met. People told us they enjoyed the food and that they had enough to eat and drink. We saw people enjoyed a good choice of food and drink and were provided with snacks and refreshments throughout the day.

People told us they were well cared for and we saw people were supported to maintain good health and had access to services from healthcare professionals. We found that staff were knowledgeable about the people they cared for and saw they interacted positively with people living in the home. People were able to make choices and decisions regarding their care.

People had their health and social care needs assessed and care and support was planned and delivered in line with their individual care needs. Care plans were individualised to include preferences, likes and dislikes and contained detailed information about how each person should be supported.

People were offered a variety of different activities and were also supported to go out of the home to access facilities in the local community; although people did indicate they would like more outings.

People's comments and complaints were responded to appropriately and there were systems in place to seek feedback from people and their relatives about the service provided. We saw that any comments, suggestions or complaints were recorded; however, any actions taken were not always accurately recorded.

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.

The services premises and equipment were not always safely maintained. Some annual maintenance checks had not been completed and we found one piece of equipment was unsafe to use.

Staff displayed a good understanding of the different types of abuse and had received training on how to recognise and respond to signs of abuse to keep people safe from harm.

Staff had been recruited safely and there were sufficient numbers of staff employed to ensure people received a safe and effective service.

Risk assessments were in place and reviewed regularly, which meant they reflected the needs of people living in the home.

The home had a robust system in place for ordering, administering and disposing of medicines.

Is the service effective?

Good

The service was effective.

Staff had received an induction and training in key topics that enabled them to effectively carry out their role.

The registered manager was able to show they had an understanding of Deprivation of Liberty Safeguards (DoLS) and we found the Mental Capacity Act 2005 (MCA) guidelines were being followed.

People enjoyed a good choice of food and drink and were provided with regular snacks and refreshments throughout the day. People told us they enjoyed the food and that they had enough to eat and drink.

People who used the service received, where required, additional treatment from healthcare professionals in the community.

Is the service caring?

Good

The service was caring.

We observed good interactions between people who used the service and the care staff throughout the inspection.

People were treated with respect and staff were knowledgeable about people's support needs.

People were offered choices about their care, daily routines and food and drink whenever possible.

Is the service responsive?

Good

The service was responsive.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people.

We saw people were encouraged and supported to take part in a range of activities.

There was a complaints procedure in place and people knew how to make a complaint if they were dissatisfied with the service provided.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service had systems in place to monitor and improve the quality of the service. However, they had failed to detect that several maintenance certificates had expired, that equipment was broken and that parts of the premises were not adequately maintained.

Staff and people who visited the service told us they found the registered manager to be supportive and felt able to approach them if they needed to.

There were sufficient opportunities for people who used the service and their relatives to express their views about the care and the quality of the service provided.

Lavender House

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 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 inspection was carried out on 27 April 2016 and was unannounced. One Adult Social Care (ASC) inspector carried out the inspection.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authorities that commissioned a service from the home. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they had with the home. They did not have any concerns about Lavender House at the time of this visit

The registered provider was asked to submit a Provider Information Return (PIR) prior to the inspection, as this was a planned inspection. This 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 registered provider submitted their PIR in the agreed timescale.

During the inspection we spoke with three members of staff, the registered manager, the registered provider, four people who used the service, two healthcare professionals and one person's relative. We spent time observing the interaction between people who lived at the home, the staff and any visitors.

We looked at all areas of the home, including bedrooms (with people's permission) and office accommodation. We also spent time looking at records, which included the care records for three people, medication records for seven people, handover records, supervision and training records for three members of staff and quality assurance audits and action plans.

Requires Improvement

Is the service safe?

Our findings

At the time of the inspection we found that extensive building work had started and a substantial extension consisting of 24 new rooms was being added to the existing building. However, this work was not yet complete, the rooms were not in use and there was no building work taking place on the day which we visited.

In the grounds to the service we saw that there were a number of disused items, including an old car which was missing a wheel, old fridge freezers, washing machines, hoovers and some building materials. The car park contained potholes and weeds had become overgrown and the garden also required attention to create a more pleasant environment for people using the service to enjoy. We also noted some of the windows required attention as they appeared to have 'blown' making them look permanently unclean. The exterior appearance of the service created a feeling of disorder and shabbiness that did not reflect the quality of care that was delivered inside the service. We discussed these issues with the registered manager, who indicated that this had been raised with the registered provider but no action had yet been taken.

During a check of the inside of the premises, we found new armchairs were in place throughout the home, which were comfortable and easy to clean and maintain. We also saw that new carpets had been fitted in the hallways, stairs and landings. However, in the main lounge / dining room we saw that the carpet was frayed at the join and if left unrepaired would create a trip hazard. The tables in use in use for dining were old, worn and did not match. The wallpaper on the ceiling had bubbled and looked unsightly and the general décor was in need of updating.

We viewed the services bathroom facilities and found only one were currently in use. We saw two were currently used for storage and on the first floor there was a shower room; however at the time of this inspection we found the shower was in a unusable condition. We discussed this with the registered provider who told us that people living in the home didn't use the shower when it was previously in situ. However, one relative had told us that their family member had found taking a bath a stressful experience and felt that the option to have a shower would be a positive improvement to the service. This meant that people using the service did not have a choice of how their personal care needs were met.

This meant that the premises and equipment in place at the service were not suitable for the purpose for which they were being used or properly maintained. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We viewed the bathroom that was currently in use and found it was in poor condition. The bath had a chip to its plastic surface making it impossible to effectively clean, dust and cobwebs had been allowed to gather along the skirting boards, paint was flaking off the walls and we saw two prominent cracks in the walls indicating a lack of required maintenance. We also saw that some of the towels ready for use in the bathroom had frayed edges and needed replacing. We saw the bath chair was stained and two of the screws securing it to the frame had rusted off making the seat unsafe and unusable. We brought this to the registered manager's attention, who immediately took it out of use and arranged for it to be serviced and

repaired. This work was completed on 29 April 2016 and the certificate was submitted on the same date.

We checked the maintenance records and saw that the bath chair should have been serviced on 21 April 2016, but this had not happened. We checked other maintenance certificates and found that up to date certificates were in place for gas safety, the electrical installation, portable appliances, fire extinguishers and all lifting equipment excluding the bath chair. We saw that a suitable fire risk assessment was in place and regular checks of the fire alarm system, fire extinguishers and emergency lighting were carried out to ensure that these were in safe working order. We also saw that regular fire drills took place to ensure that staff knew how to respond in the event of an emergency. However, we found that the annual maintenance checks for the fire alarm system and the emergency lighting system had not been completed.

We discussed this with the registered manager, who told us, they believed that the fire alarm system and emergency lighting had been tested and serviced in March at the same time as the extinguishers and other equipment. They informed us they would follow this up with the company and request the certificates be forwarded to them. However, the company had not completed the required checks, therefore no certificate was available. These checks were completed on 04 May 2016 and up to date certificates were submitted on 05 May 2016.

At the front of the property was a small paved area that required attention to make it suitable for people to use. It was overgrown with weeds and potential trip hazards, which included an unusable patio area. It also led directly on to a busy main road and as there was no gate or secure fencing in place, it meant that people with a dementia related condition would require continual staff supervision if they wanted to access the external premises. This meant that people could not access the grounds as they were not safe, adequately maintained or fit for purpose. From discussions with staff, people who used the service and also visitors to the home it was clear that this was an area that required improvement. One person using the service told us, "I would like a nice outdoor space that I could sit in when the weather is nice." Staff survey's also revealed that 'the provision of a nice seating area' and 'people having access to fresh air', were clearly areas of importance.
This meant that the registered provider was not ensuring that the premises and equipment were safe. It also evidenced that they were not doing all that is reasonably practicable to mitigate risks to people using the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that apart from the issues detected in the services only available bathroom, other areas of the service were clean, tidy and free from odour. Infection control audits were completed on a monthly basis and we saw that there was detailed information available for staff on hand washing and what to do in the event of an outbreak or suspected outbreak of an infectious disease within the home.

People told us they felt safe living at Lavender House. Comments included, "The front door is locked and that means that people aren't allowed to just walk in, that makes me feel very safe", "Oh yes, I feel very safe when I'm here" and, "It feels safe."

The home had policies and procedures in place to guide staff in safeguarding people from abuse. We saw the registered manager used the local authorities safeguarding tool to determine when they needed to inform the safeguarding team of an incident, accident or an allegation of abuse. We were given access to safeguarding records and saw that safeguarding concerns were recorded and submitted to both the local safeguarding team and the Care Quality Commission (CQC) as part of the registered provider's statutory duty to report these types of incidents.

We spoke to staff about safeguarding adults, how they would identify abuse and the steps they would take if they witnessed abuse. The staff provided us with appropriate responses and told us that they would initially report any incidents to either the senior member of staff on shift, or the registered manager. One member of staff told us, "If I saw anything of concern I would report this to the manager or I would 'whistleblow' [tell someone] if nothing was done about it. I know how to take things further if needed." Another said, "I would report anything straight away, but I have never seen anything that has concerned me here." We viewed the services training records and saw that all staff had received safeguarding training and only three of the staff required the refresher course. This showed that staff had the appropriate knowledge and training to help keep people safe.

Systems were in place to minimise risk. Peoples care plans contained risk assessments that were individual to each person's specific needs. This included assessments of risk for falls, dietary requirements, personal care, pressure / skin care, continence and medication. We saw that the service had a sensible approach to managing risk. For example, one person's care plan stated, 'Observe walking, without impacting on person's independence.' We saw Personal Emergency Evacuation Plans (PEEP) were in place for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. This showed the registered manager had taken steps to reduce the level of risk people were exposed to.

Accident and incidents were accurately recorded and a description of what action to reduce any reoccurrence of an incident was documented. However, we found that that although falls were clearly recorded they were held in individual care files and were not centrally collated. This could make effective auditing more difficult. However, we saw the registered manager was able to detect any reoccurring patterns and we saw appropriate steps had been taken to ensure that the risk of falls were minimised.

On the day of this inspection we found there was the registered manager, one senior member of staff, two members of care staff, a member of domestic staff and a cook. In the afternoon we also saw an activity coordinator was on duty. The registered manager told us that they continually reviewed the staffing levels to ensure that people's needs were met and adjusted staffing levels accordingly. They also told us that the deputy manager worked during the weekends to ensure there was always a member of the management team available should staff or visitors want to discuss anything. We looked at staff rotas and saw that during the night, the service had two members of staff on duty and the registered manager was on call. One person who used the service told us, "I hear people asking for help and the staff are always quick to come and help them." Our observations confirmed there were sufficient levels of staff to effectively meet the needs of the people using the service.

We looked at the recruitment records for three staff members. We found the recruitment process was robust and all employment checks had been completed. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and ensured that people who used the service were not exposed to staff that were barred from working with vulnerable adults.

The registered manager told us that only the management team, senior carers and staff who were trained and deemed competent were able to administer medication in the home and training records we saw confirmed this. The registered manager had appointed a medication 'champion' who was responsible for ensuring that people's medication and their medication files were kept in good order and remained well maintained.

The service used a monitored dosage system with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for simple administration of medication at each dosage time without the need for staff to count tablets or decide which ones need to be taken and when. We saw that a photograph of the person was featured on both the medication file and the person's medication administration records (MARs) to ensure the right person was given the right medication.

We looked at how medicines were managed within the home and checked seven people's MARs. We saw that medicines were obtained in a timely way so that people did not run out of them, administered on time, recorded correctly, stored safely and disposed of appropriately. We saw that medication was stored securely in a locked cabinet and that there were also facilities available to store controlled drugs (CDs). These are medicines that have strict legal controls to govern how they are prescribed, stored and administered, although, at the time of this inspection, there were none held on the premises. We saw that daily temperatures of the medication fridge and air temperature of the medication room was monitored and recorded. We did note that the thermometer used to record the air temperature needed replacing, ideally with a digital one, as it was difficult to accurately determine what temperature it was indicating.

We saw that medication audits were completed weekly by the medication champion and this enabled them to identify any errors before the monthly medication audit was completed. A medication communication book had also been introduced and this had improved the communication between staff on different shifts in relation to any issues that had been identified, for example, any medication that required ordering, or was awaiting delivery or required returning.

Good

Is the service effective?

Our findings

All of the staff we spoke with had prior experience of working in the care sector and had completed a number of training courses prior to starting work at Lavender House. The registered manager told us that when new staff arrived with training in place they completed competency checks and checked certification to ensure that the training was up to date. Staff who had no prior experience would be required to complete a full induction which included training on different topics including safeguarding, health and safety, food hygiene, moving and handling, end of life care and fire training.

Following the induction training, staff were required to complete a number of shadow shifts where they observed a more experienced member of staff carrying out their role, to enable them to develop a clear understanding of their duties. All new staff were then enrolled on the Care Certificate. The Care Certificate is an identified set of standards which social care and health workers adhere to in their daily working. It covers 15 topics including, for example, understanding your role, duty of care, privacy and dignity and infection control. Following the completion of the Care Certificate staff were then enrolled on the NVQ level 2 or equivalent in care.

We viewed training records and saw that staff received ongoing training and that this was mostly up to date. The registered manager told us staff had an annual training plan in place and this included monthly training to cover any subjects that required refreshing. Where gaps were identified we saw that training was already booked. This helped ensure that staff had the necessary skills to carry out their roles and were kept up to date in any changes in practice or legislation. One visiting relative told us, "The staff are very helpful and they all seem to know what they are doing."

Staff received support from the registered manager which included; supervision, team meetings and regular face-to-face conversations. Staff told us they were able to approach the registered manager with any concerns at any time and they felt they had sufficient support when they needed it most. However, not all were able to say they received regular formal supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important staff receive regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice. The registered manager told us they tried to record supervision every two months. We viewed staff supervision records and saw that staff had received some formal supervision, although this was not happening with the frequency that the registered manager had envisaged. We discussed this with the registered manager who agreed to ensure that supervision was completed and recorded in line with the services policies and procedures.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called

the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS are part of the MCA legislation, which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of this inspection there were two DoLS requests pending although neither had yet been authorised. The registered manager told us that it had been brought to their attention during a recent training course provided by East Riding of Yorkshire Council (ERYC) that a notification to the CQC was required for all authorised DoLS and they assured us this would happen.

Staff told us they had completed MCA training both during and after their induction and records we saw confirmed this. During our discussions with staff, we found that they had the appropriate levels of knowledge regarding MCA for their roles. Staff also explained how they requested consent before carrying out any care tasks, by asking people and also talking them through each step of the care intervention. The registered manager told us that restraint was not used in the home and this was supported by the staff we spoke with.

We saw that most people ate meals in the dining room, but some people chose to eat their meals in their bedroom or in one of the lounge areas. We observed the lunchtime experience in the main dining room and adjoining lounge. We saw that the tables were set with tablecloths and placemats and there were condiments available on each table. We saw that the lunchtime meal consisted of two courses and these were all prepared and cooked in the home's kitchen. Although there was only one choice of hot meal, people could request an alternative meal if they did not like the meal on offer and we also saw staff offer a 'second helping' of both the main meal and dessert. The cook told us they would always prepare something different depending on the person's preference. One person living at the service told us, "If I don't want something, they always offer me something else." People told us they enjoyed the food, comments included, "It's lovely", "It's very nice", "We have fish and chips on a Friday, it's always very good" and, "I'm not a great eater, but I really enjoy the tea time. There's a choice of soup, salads, sandwiches, quiche and cheese and crackers and there's always a bit of cake."

We saw there was chalkboard which displayed the day's menu and we also saw that a pictorial reminder of the day's hot meal was on display in the main lounge / dining room. However, we noted the writing on the chalk board was quite small and the pictorial reminder displayed a picture of fish and chips, which was not the meal that was on offer on the day of this inspection. We also saw that the pictorial menu remained in place even after the meal had been eaten. For people living with a memory impairment, this could create some confusion as to whether lunchtime had passed or not.

We saw that staff provided assistance for those people who needed it and that this was carried out in a respectful and non-demeaning manner. Staff sat alongside people whilst they supported them, allowed the person eating to dictate the pace they ate and provided reassurance and encouragement when needed. We saw hot and cold drinks were provided throughout the day and that people were offered biscuits, fruit or a snack, in-between meals. One person who used the service told us, "You can have tea or coffee whenever you want, but I like to drink a lot of juice. They also offer you fruit, biscuits and cake."

We saw that people were weighed monthly or weekly depending in line with their care plan for eating and drinking. When weight loss was identified, we saw that referrals were made to the GP or dietician and a plan was implemented to ensure a person's nutritional requirements were met.

We saw that the kitchen had cleaning schedules in place and that the temperature of fridges and food was taken daily. The home had achieved a rating of 3 (generally satisfactory) following a food hygiene inspection undertaken by the local authority Environmental Health Department. The inspection checked hygiene standards and food safety in the home's kitchen.

People's care plans recorded their current health care needs, including details of their prescribed medication. Records we saw evidenced that health care professionals such as GP's, speech and language therapy (SALT) services, dieticians, community staff nurses and chiropodists were involved appropriately in people's care. Any contact with health care professionals was thoroughly recorded; this included the reason for the contact and the outcome. We saw that staff were quick to respond to changes in people's health. For example, a staff member had noticed that one of the residents was not their usual self and appeared 'chesty' and promptly reported this to the registered manager. The manager requested that the GP was called and we saw that they arrived within two hours to examine the person.

A visiting healthcare professional told us, "I've been coming to the home for a number of years so know the manager and most of the staff very well. The staff are always welcoming and friendly, you can tell they really care. They seem to be able to retain most of their staff, which means that they know about each person's needs and it also means I have developed a good rapport with them. Any concerns are always reported early and through the appropriate channels and they [Staff] always follow any guidance that we give them."

A visiting relative told us, "[Name of person] has recently lost weight. The manager made sure the GP was called and they did a full check and offered some advice" and "[Name of person] lost their bottom set of dentures, the manager spoke with the dentist and got a new set arranged, they did it so quick I though they must have found them." This showed that people's health needs were quickly addressed by the service.

Good

Is the service caring?

Our findings

We found that there was a calm, relaxed and peaceful feel to the home. Staff did not appear to be rushed during their day and we saw they were able to sit and talk to people who used the service. One member of staff told us, "I have worked in other homes, but the difference here is that I get chance to spend time with the residents, even in a morning when I am helping them get ready for the day I always have time to have chat and find out how they are." Another said, "It's always nice and calm, we are not always under pressure to get everything done in five minutes, so we have time to sit and talk with people." Our observations during this inspection supported this.

Staff told us that the welfare of people using the service was their main priority and they felt good relationships had been developed with people using the service. One member of staff told us, "People get the care they need, we try and keep on top of all the paperwork, but my main priority is always making sure people have what they need" and "We like to make each other laugh and put a smile on each other's face." A visiting relative told us, "[Name of person] has really bonded with one member of staff. When [Name of person] was ill they really went above and beyond to make sure they were well looked after."

All of the people living at the service we spoke with told us the staff were kind, caring and knowledgeable about their needs. Comments included, "It's a nice place and the staff are lovely", "The staff are very efficient, pleasant, and polite and have a nice nature" and, "The carers are all lovely, they really are. You get to know them so well they you end up becoming friends."

People told us they were given a choice about how their care was provided. They told us they were able to choose what time they got up in the morning and what time they went to bed. They told us they were given a choice of meals, where they sat and who they spent their time with. A visiting relative told us, "The staff offer as much choice as they are able to. It's difficult as they also have to keep [Name of person] safe. At the moment [Name of person] is not eating very much and they [Staff] have made sure a choice of food is given so they can decide themselves what they would like to eat."

We saw that people's rooms were personalised and contained photographs, pictures, ornaments and other items that were important to them. One person told us, "I love my room; it's only small but that's how I like it. They [Registered manager] have offered me a bigger room but I like it where I am." However, we did note that people's doors could be more personalised with a photograph or a favourite picture to help orientate people to their own room.

We saw that staff were quick to assist people when they showed signs of distress. For example, prior to lunch we saw one of the people who used the service became upset and started asking for their mother. Staff quickly and calmly, approached the person and spoke with them in a reassuring manner and distracted them by changing the subject. This quickly settled the person who told the member of staff, "I love you." This reassurance enabled the person to settle at the dining table in preparation for their lunchtime meal. We also saw the registered manager was able to use similar techniques later in the day to support a person who was confused regarding the whereabouts of their husband. A visiting relative also told us, "The staff are always

quick to see to [Name of person] if they are distressed, it's reassuring that they know how to settle them."

People were treated with dignity and respect. We saw that staff knocked on people's doors before entering, called people by their preferred name and ensured bathroom doors were closed quickly if they needed to enter or exit, so that people were not seen in an undignified situation. They also ensured that they did not provide any care considered to be personal in the communal areas of the home.

People's independence was promoted. The registered manager explained that people were encouraged to do as much as they were able, and were supported to take measured risks. We were told that one person liked to be continually occupied and were happy to help out by setting tables, dusting and accompanying staff on visits to the local shops. Staff told us that as they did not feel rushed and they were able to give people the time they needed to complete tasks for themselves. One person who lived at the service told us, "I can do almost everything myself and the things I can't do they [Staff] help me with. I can go anywhere in the home I want to and can sit outside the front on my own if I want."

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there; age, disability, gender, marital status, race, religion and sexual orientation. We were told that some people had religious needs, but these were adequately provided for within people's own family and spiritual circles. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Good

Is the service responsive?

Our findings

We saw that pre-admission assessments had been completed by the registered manager before people moved into the home on either a permanent or temporary basis. The registered manager told us, where possible, these were carried out with a relative or representative present to ensure that the information gathered was accurate, however they acknowledged that this was not always possible.

We saw that following the initial assessment individual care plans were developed utilising person centred tools that included one page profiles, life histories and daily routines. These provided information including 'likes and dislikes', 'what is important to me', 'what is important for me', 'things I want to make my life better / change' and 'how I am going to get the support I need'. We saw that life histories included information regarding where people used to live, past occupations and which people are / were important to them. We saw that one person had completed their own life history and where people were unable to provide the information themselves, information was gathered from friends and family. This information helped staff gather a better understanding of who the person is and how best to meet their needs.

We saw that care plans were reviewed by the home on a regular basis to ensure that the information remained reflective of the person's current level of need. We also saw evidence that reviews took place with family and a social care representative present. If a family member was unable to attend a review then they would be contacted to enable the staff to record their views. One relative told us, "I haven't seen a care plan but we did get asked a lot of questions at the beginning and I have attended reviews."

The service had an activity coordinator in place who provided activities for people living in the home throughout the week. We were told there was a choice of activities provided and these included trips to the shops, meals out at the local pub, board games, external entertainers, skittles, quizzes, pamper sessions and 'boogie beatz', which is a chair based exercise session. One person who used the service told us, "There's always something going on, they have quizzes and my friend takes me across the road to the pub once a week" and, "I like watching my TV, reading magazines and doing crosswords." However, people using the service did tell us that they had not been offered any days out arranged by the service. We discussed this with the registered manager who told us that day trips and outings had been offered last year; however, they had not proven popular with the people who went on them so they had stopped. They told us that people were able to go out locally with staff and that they had developed relationships with local groups and clubs that people were able to attend. The registered manager told us that they would discuss days out at the next resident meeting to find out if this was something that people using the service wanted.

There was a complaints procedure in place and we found that this was displayed in the entrance to the service and also in people's bedrooms. We saw the policy encouraged people to try and resolve any issues by initially speaking to the registered manager as well as including the contact details of the local authority's social services department, the Local Government Ombudsman (LGO) and the Care Quality Commission (CQC). The registered manager told us verbal complaints were dealt with immediately and recorded in writing in the complaints log and signed off by the manager when resolved. Written complaints were acknowledged within two days and responded to fully within 28 days.

We looked at the complaints records and found the last recorded complaint had been received in January 2016 and a full written response was sent in February 2016. We saw that when complaints had been received they were investigated and responded to in writing by the registered manager. We did note from the last complaint that the letter sent explaining the outcome of the investigation did not invite a further response from the complainant if they remained dissatisfied with the outcome. The registered manager agreed that this would provide further evidence that all involved were satisfied with the conclusion and they would ensure this was included in the future.

All of the people we spoke with all told us they knew how to complain if they needed to, although none stated they wanted to complain. One person said, "I'm not a complainer, but if I needed to I would let them know. I would speak with [Name of manager]; I can see them whenever I want." Another person using the service told us, "I've not needed to but I imagine I would just talk to [Name of manager] or one of the other girls, they are lovely" and, "If I had any problems I would speak with the manager, they are very nice." A visiting relative told us, "The manger is very caring and approachable. If they are here, then I would speak to them if I had any complaints."

There were other opportunities for people living at Lavender House and their families or friends to raise concerns or provide feedback to the registered manager. These included regular key work sessions, which enabled any concerns to be discussed, monthly resident meetings and quality assurance surveys. The registered manager explained they were continually trying to develop different methods to enable people to feedback any concerns, compliments, suggestions or complaints. They told us they operated an open door policy and were available to speak with throughout the day and they had also started to develop a 'suggestion tree' which would be displayed in the homes entrance to allow people to put any suggestions they may have on a branch of the tree. These steps ensured that people could have their say about the service and were kept up to date with any events or significant changes.

We saw that the service recognised the need for people to maintain existing relationships and also develop new ones. Relatives and visitors were welcome at the home, were free to come and go as they pleased and stay for as long as they liked. Some family members and friends chose to spend time in the home with their relatives, whilst others liked to take people out for lunch to the local pub, or visit the shops, all of which were in close proximity to the service. People also told us they had developed friendships with other people using the service. There were different areas within the home for people to sit in and we saw that people with similar interests chose to sit and spend time together and had become friends. One person told us, "Some of the other people who live here are also very nice; I can have a chat with them and see how they are."

Requires Improvement

Is the service well-led?

Our findings

We found there was a quality monitoring system in place that consisted of daily, weekly, monthly and annual audit checks, meetings, questionnaires and the analysis of the information collated from these. However, we saw that the quality assurance system was ineffective, repetitive and required improvements. We found the system in place had failed to detect that several maintenance certificates had expired, that equipment was broken and that parts of the premises were not adequately maintained.

We saw a number of different methods of communication between the registered manager and the staff had been developed. These included team meetings, supervision, a handover book and a communication log. However, we found that the communication book was not always effective in ensuring that important information was shared. For example, we saw that the fault with the bath chair had been reported in the communication log, however this had not been read by the registered manager, and therefore no action had been taken. This concern was dealt with in the 'Safe' domain within this report.

Stakeholder surveys were carried out for people using the service, relatives, health care professionals, and staff. We saw that the results were largely positive; however, where negative feedback had been received we did not always see that this had been thoroughly followed up. For example, where the resident survey had identified that people wanted more outings, it was not clear what plans had been put in place as a result. We discussed this with the registered manager and they told us that they had arranged more local activities outside of the home, but had not recorded that this had happened.

The quality assurance systems in place were not effective in assessing, monitoring and improving the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of this inspection and they had been registered with the Care Quality Commission (CQC) since 2007; this meant the registered provider was meeting the conditions of their registration and that there was a level of consistency for people using the service and also for staff.

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

The registered manager told us they had previously worked as a member of care staff at the service before becoming the manager. This meant they were aware of the challenges of the role, were available to support staff across shifts, provide practical assistance when necessary and helped them develop a clearer understanding of the individual needs of each person using the service. From our observations we could see the registered manager clearly knew the needs of each person who used the service and throughout the day they spent time checking that people were okay and asking if they needed anything. People were comfortable in the registered manager's company and it was clear they had developed a good rapport with

each other.

People told us they the registered manager was approachable, caring and put people using the service first. A member of staff told us, "The manager is very good; they really care about the residents and also look out for the staff." One person using the service told us, "If I want anything I see [Name of registered manager], they are always here." We saw there were a number of thank you cards displayed around the window in the office, mostly from people's relatives thanking the registered manager and staff for caring for their family member.

The relative we spoke with told us that they were kept up to date with any issues relating to their family member. They told us staff were proactive in communicating any potential issues, they said, "The staff are very helpful. [Name of relative] was running out of underclothes and they let me know in good time so I could make sure they were stocked up." We saw communication with people's families and health care professionals was accurately recorded in the person's care file.

The registered manager had developed positive relationships with the community health teams and the local GP practice. They told us that all of the people using the service were now registered at the one practice and that this had proved beneficial. We spoke with a visiting GP and they told us, "We have a good relationship with the home and enjoy visiting. [Name of registered manager] knows people very well and takes their individual needs into account. The communication with the home is very good and is always appropriate. They also manage and care for people at the end of their life in a very caring way."

We saw the registered provider had a mission statement in place for each member of staff. These stated that staff will 'provide individualised care for clients, assisting them to maintain independence and quality of life' and 'work within quality assurance systems and good care practices within the home and to give support to their families and friends'.

The service kept records on people that used the service, staff and the running of the business that were in line with the requirements of the regulations and we saw that they were appropriately maintained, up-to-date and securely held. This meant that people's personal and private information remained confidential.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use the service were not protected from the risks associated with premises and equipment that were not safely maintained. The registered provider was also not doing all that is reasonably practicable to mitigate these risks. Regulation 12 (1)(2)(b)(d)(e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use the service were not protected against the risks associated with premises that were not properly maintained and unsafe or unsuitable equipment because of inadequate maintenance. Regulation 15 (1)(c)(e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have in place effective systems to assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity. Regulation 17 (1)(2)(a)(b)