Caretech Community Services (No.2) Limited

The Lavenders

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

Summary of findings

Overall summary

This inspection took place on 6 June 2017 and was unannounced. At our last inspection in March 2015 the service was rated as good.

The Lavenders is a seven bed care home for people with learning disabilities. On the day of our visit there were seven people living in the home.

People experienced good care and support. They were supported to live safe, fulfilled and meaningful lives in the way they wanted to.

People were supported with healthy eating and to maintain a healthy weight, with specialist diets when required. People who needed assistance with meal preparation were supported and encouraged to make choices about what they ate and drank. The support staff we spoke with demonstrated a sound knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns

Staff told us they enjoyed working in the home and spoke positively about the culture and management of the service. Staff told us that they were encouraged to openly discuss any issues. Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for. Staff listened to them and knew their needs well. Staff had the training and support they needed.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely.

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.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act 2005, DoLS and associated Codes of Practice.

People participated in a range of different social activities and were supported to access the local community. They also participated in shopping for the home and their own needs. The registered manager and staff ensured everyone was supported to maintain good health. Staff took a very proactive approach to ensuring people's complex health needs were always met, and consistently ensured that when people needed specialist input from health care professionals they got it.

Staff were caring and always ensured they treated people with dignity and respect. They had a good understanding of the care and support needs of every person living in the home. People had developed very positive relationships with staff and there was a friendly and relaxed atmosphere in the home.

Staff were well supported with training, supervision and appraisal which helped them to ensure they provided very effective care for people.

People and those important to them, such as their relatives or professionals were asked for feedback about the quality of the service.

The registered manager and staff knew what they should do if anyone made a complaint.Person centred care was fundamental to the service and staff made sure people were at the centre of their practice. Care plans focused on the whole person, and assessments and plans were regularly updated.

People's individual preferences, needs and choices were always taken into account by the caring and compassionate staff.

The service was well led. The registered manager and the provider's quality team regularly completed robust quality assurance checks, to make sure standards of care were maintained.

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 remains effective	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led	Good

The Lavenders

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 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.

We inspected The Lavenders on 6 June 2017. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting. Before our inspection we reviewed the information we held about the service, including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law

The inspection team consisted of one inspector 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.

During our inspection we spoke with two people who lived in the service, two support workers, the deputy manager and the registered manager. We looked at three people's care records, three staff records, the training matrix, medicines charts and staffing rotas. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints. We also spoke with two relatives following the inspection.

Good

Is the service safe?

Our findings

We asked two people using the service if they felt safe both replied "yes". Relative's comments included. "I am happy with his safety and don't have any concerns in that area." And "yes my brother is safe where he lives and he seems happy."

Staff demonstrated a good level of understanding of safeguarding and could tell us the possible signs of abuse which they looked out for. Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One support worker said, "I know when people are not happy or something is wrong, most people become more attention seeking" and " you can tell from body language and eye contact when someone is unhappy." They were careful to observe the people using the service for any changes in temperament which might indicate they had become unhappy.

Individual risks had been assessed and recorded. These assessments stated how risks to people's wellbeing could be minimised and care had been planned so that people's freedom was not restricted. For example, people were encouraged to be independent where possible and additional staff /equipment to keep them safe was in place rather than restrictions to their freedom of movement and mobility. The assessments provided information about what people could and could not do on their own as well as their capacity to understand the issues and risks. Strategies were put in place to minimise the risk. Staff knew what they should do to keep people safe when supporting them both in and out of the home. We saw how one person's risk assessment had been recently updated following an incident in relation to their wheelchair seatbelt.

Most people needed a high level of staff support and there were always enough staff to support people safely and provide one to one attention. Staffing levels were regularly assessed and were flexible enough to meet each person's care needs. Staff said people had the support of one or two support workers when in and out of the home and that there was always enough staff on duty. A support worker who told us "We always have enough staff and people get plenty of one to one time." And another told us "There is always enough staff and the managers always step in and help if they need to." Most staff had been working for the organisation for some time, and staff turnover was very low.

During the course of our inspection, we observed how at no time staff appeared to be under pressure whilst performing their role. There was a calm atmosphere in the home and those who used the service received staff attention in a timely manner.

Appropriate recruitment practices were in place. All of the relevant checks had been completed before staff began work; including Disclosure and Barring Service checks, previous conduct where staff had been employed in adult social care and a full employment history.

People's medicines were safely managed. All of the staff who administered medicines were trained and had their competency to administer medicines regularly assessed. All staff had a detailed knowledge of each

person's medicines and how they preferred to receive them. Medicines Administration Records (MAR) were accurate and showed people received their medicines as prescribed. There was a safe procedure for ordering, storing, handling and disposing of medicines. Medicines safety was audited on a regular basis and any rare errors were quickly corrected. Support workers we spoke with could describe how to administer medicines safely, and we saw on training records that relevant training had been done. The provider's medicines policy included safe administration of medicines and 'as required' (PRN) medicines. Where people were prescribed medicines on an 'as required' basis, for example, for pain relief or seizures, there was sufficient information for staff about the circumstances in which these medicines were to be used.

Good

Is the service effective?

Our findings

People received effective care because staff were well supported with induction, training, supervision and appraisal. Staffs were motivated and talked in an enthusiastic way about their training and supervision. A member of staff explained they had been in post for two years and said that their induction had been comprehensive. They had been given the opportunity to meet people who use the service, shadow other members of staff and complete essential training before they started working unsupervised. Staff were supported and encouraged to complete a variety of training including safeguarding, health and safety, moving and handling, and food hygiene.

Most staff had been supported to complete a national qualification in care. And they told us they had been encouraged and supported to go for promotion. Members of staff were also given the opportunity to discuss their on-going personal development goals and training needs. For example, one member of staff told us the service was supporting them to complete a qualification in health and social care.

Staff were also given specific training so they could effectively meet the individual needs of each person. This included supporting people with epilepsy, dysphagia and behaviour that may challenge people and others felt confident to do this.

Staff confirmed that they received regular training and that it was of a good standard. A support worker told us" the training here is very useful and is always updated."

We saw evidence of training on people's training records. It was clear the training had been very effective and staff were able to discuss in detail individuals care and behavioural needs and how to manage them properly. We observed staff putting this knowledge into practice while we were in the home. Staff were exceptionally good at understanding people's needs. People's behavioural triggers were identified and we saw action was taken to prevent any escalation in anxiety. People and staff were relaxed with each other, and staff were very natural and comfortable when they were caring for people. People trusted the staff to support them and we could see people were happy and smiling.

Staff benefited from regular supervision and appraisal. Staff said they felt well supported with supervision and were comfortable to discuss any concerns or ideas they might have.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

All of the staff we spoke with had an excellent understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were working within the law to support people who lacked capacity to make their own decisions. Staff understood the importance of assessing whether a person could make a decision and the decision making process if the person lacked capacity. They understood that decisions should be made in a person's best interests. We saw the paperwork to verify that necessary DOLS were in place and that a number were in the process of being renewed.

People were always asked for their consent by staff. We heard staff using phrases like "Would you like a cup of tea or would you like a glass of water, come on we can have it together" and "what would you like to do". Staff then gave people the time they needed to make a decision. A support worker told us" we must always respect their choice and never rush them." Staff knew people extremely well and understood people's ways of communication. Staff knew when people were giving their consent or not, either verbally or by the body language and gestures they were using. For example, one person could express their consent by smiling and facial gestures. All of the staff understood what these body languages and vocalisations meant.

People told us they enjoyed the food in the home, comments from relatives included "my relative can be really fussy and difficult about her food the staff are very patient with her" and "yes there is fruit and vegetables. My relative was underweight when she came here and has put on weight."

People were well supported to eat and drink enough and maintain a balanced diet. A support worker told us "we like to make sure that everyone has a balanced diet." People chose what food they wanted from a rolling menu. Healthy choices were encouraged and people were supported to make their choices either verbally or by using pictures or photographs where appropriate. Mealtimes were person centred and flexible and were eaten together or separately depending on each person's preference. Staff knew about each person's dietary needs including special diets. People were supported with food preparation and staff helped them to be as independent in the kitchen as they wanted or were able to be. People who had special dietary requirements due to a health condition were well supported. The care plans showed that people were regularly weighed to check they were maintaining a healthy weight.

The registered manager took a very proactive approach to helping people maintain good health. They had set up regular screen checks for health issues particular to people with learning disabilities and specific conditions. This helped to identify and treat medical conditions early and promote positive relationships with the GP and other healthcare professionals. Staff told us that they accompanied people to all their health care appointments.

Staff understood some people had complex health needs and knew what they needed to do to make sure every person experienced good healthcare, so every individual enjoyed a good quality of life. The service helped people to develop and maintain strong links with healthcare professionals such as the, occupational therapy (OT) and speech and language therapy (SALT).

Health care plans were detailed and recorded specific needs. There was evidence in the care files we looked at of regular consultation with other professionals where needed, such as dentists, occupational therapists and psychiatrists. Concerns about people's health had been followed up immediately and there was evidence of this in records we inspected

Good

Is the service caring?

Our findings

People told us they were extremely happy with the approach of the staff. Comments included "X life has been transformed I only wish that my parents had been alive today to see how she thrives, you have no idea what a different life X is leading now and it is all down to Lavender House" and "the staff are all very good here ".

Staff were very clear that treating people well was a fundamental expectation of the service. One member of staff who we spoke with said that treating people with respect and maintaining their independence was "the most important part of my job." And another told us "I like to make people feel wanted and happy."

Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them.

There was good evidence in the care plans we looked at that staff encouraged those who used the service to be as independent as possible. People's individual care plans also included information about their cultural and religious beliefs as well as how they preferred to be dressed and which jewellery they liked to wear.

People were given information in a way which they understood. Staff used photographs, symbols and objects of reference to support communication. Staff told us that they had received training in equality and diversity and that they were enthusiastic about finding ways to positively support people's wellbeing in this area. Staff cared for people in a way which respected their privacy and dignity. We observed the staff demonstrated a good understanding of the importance of privacy and how to attend to personal care needs discreetly and appropriately.

People's personal histories were well known and understood by staff. Support workers knew people's preferences well, and what they should do to support people who may have behaviour that could cause themselves or others anxiety. Staff were able to identify possible triggers that caused people to become anxious. We observed occasions where workers noticed when people had the potential to become anxious. The staff members were able to use techniques to distract people or support them to manage their anxiety before it escalated. We observed staff interacting with people using the service throughout the day. At all times staff were polite and caring. Staff were able to tell us about people's different moods and feelings, and reacted swiftly when they identified that people needed extra support.

Staff told us that they were praised and rewarded by management and the provider for displaying compassionate care and that they felt their caring attitude was appreciated and acknowledged. They were extremely motivated and spoke with enthusiasm to us about how they could improve the experience of care and compassion for people. This included being proactive about understanding when people may feel particularly sad or in need of extra attention.

People's privacy was respected and staff shared with us examples of how they protected people's dignity

when supporting them with personal care. For example, by closing doors and curtains and explaining clearly to people what they were about to do.

Good

Is the service responsive?

Our findings

People were happy with the home and the way in which they were being cared for. Care records showed that people had been consulted each day about the care they received, the social activities they took part in and the food they ate. We saw that their levels of satisfaction had been recorded and the staff had used these records to review and improve personalised care for each person.

People had participated in a range of different social activities individually and as a group and were supported to use the local community. The home had its own minibus and driver. Activities included visits to parks, museums and the farm and going to discos. They also participated in shopping for the home and their own needs. Some people were also supported to go to college and day care centres. A relative told us "she goes out almost every day, she goes to college twice a week, she is kept busy, she goes out on public transport and they try to make sure that she is part of the community".

Care plans were very detailed; person centred and provided good information for staff to follow. The care plans included information and guidance to staff about how people's care and support needs should be met. They were retained safely and kept in individual care files. The information was easy to locate, there were three separate files, each covering different aspects of required information. There was a 'My plan' document which ensured people's unique information was written down in one place, including choices and preferences and how they wished to be supported. We were told that the information was used extensively by staff, as well as when people were taken to hospital. This ensured that people were supported in a safe, effective, person centred way, regardless of whether they were at the home or in hospital. It was especially useful for people with communication difficulties as it minimised the risk of people receiving inappropriate care. It was also recorded how a person contributed to their support plan. There was also a 'My Keeping Healthy Plan' a record of peoples health needs and all interactions with healthcare professionals. Behaviour management triggers were also clearly documented, a very important feature where people were unable to verbally communicate.

The registered manager and staff made sure people were at the centre of everything they did. Person centred care assessment, planning and delivery were fundamental to the service. Person centred care sees the person as an individual. It considers the whole person, their individual strengths, skills, interests, preferences and needs. People's needs were then assessed in detail and they or their relatives were encouraged to visit the home.

People who used the service had a detailed annual review of all of their care needs and care plans were amended if necessary. People were empowered to make choices and were helped by staff to be as involved as much as they could or wanted to be. People were helped to use objects of reference so they could assist staff to understand what their choices were if they were unable to say what they wanted. Family members and staff from the local authority also contributed to assessment and plans where appropriate. People's care needs were also regularly reviewed throughout the year and updates to care plans and risk assessments were always made when they were needed.

People were very well supported to maintain relationships that were important to them. Staff regularly took people to visit their families.

Each person had an assigned keyworker who was responsible for reviewing their needs and care records. Staff told us they kept people's relatives, or people important in their lives, updated through regular telephone calls or when they visited the service and they were formally invited to care reviews and meetings with other professionals.

There was a clear complaints procedure and relatives we spoke with told us they knew what to do if they were unhappy about anything. There was a service user's guide on how to make a complaint on display in the office. This was in an easy read format, and included pictures, signs and symbols. We looked at the complaints folder and saw there had been one complaint made in the last year. This was responded to in timely manner, and in accordance with the provider's complaints policy. The registered manager had also made staff aware of compliments from other stakeholders so they were aware when things had been done well.

Good

Is the service well-led?

Our findings

There was a new registered manager in post; she told us that she was also the registered manager at another service owned by the provider. She told us that each service also had a deputy manager that would be responsible for the day to day management of the service when she was not on site.

The registered manager told us that she was planning to make a number of improvements to the service which included: the development of a sensory room, improving care planning documentation to make it more concise and improving the format for risk assessments.

Observations and feedback from staff, showed us that she had an open leadership style and that the home had a positive and open culture. Staff spoke positively about the culture and management of the service. Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. Staff also told us that they were supported to apply for promotion and were given additional training or job shadowing opportunities when required. Staff comments included, "The manager is approachable" and "she is very experienced and hand on". A support worker told us" the paperwork, knowledge and caring attitude is very good here."

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular 'house' meetings were held. " Annual surveys were undertaken of people living in the home and their relatives. The manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meeting with her and our observations it was clear that she and the deputy manager were familiar with all of the people in the home.

We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. The manager told us that they had access to a maintenance team and that there was no delay if repairs to the building were required.

The manager told us she was supported by the provider with regular management meetings and one to one sessions and that she regularly accessed the training and support that was available.

We saw that regular audits were made by the provider's head office and we saw quality assurance assessments were undertaken by them and that actions arising from these had been carried out.

The provider has a legal duty to inform the CQC about changes or events that occur at the home. They do this by sending us notifications. We had received notifications from the provider when required.