

# Care Is Central Limited

# Lavender Court

## Inspection report

Lavender Court  
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Date of inspection visit:  
05 April 2023  
24 April 2023

Date of publication:  
28 April 2023

## 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### About the service

Lavender Court is one of seven independent living schemes which is run by Care is Central Limited, providing care to people in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. People's care and housing are provided under separate contractual agreements. The service provides support to people over and under the age of 65 years old, people living with dementia, people living with a physical disability, people living with a learning disability and people living with mental health needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 68 people being supported with the regulated activity of personal care.

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

#### Right Support:

People and their relatives provided positive comments about the care and support which they received. These comments included, "All [family member's] care needs are being met. I couldn't manage without them." And, "The [staff] are kind and caring and go out of their way to assist me."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were passionate about putting people at the centre of their care and recognised the importance of enabling people to maintain their independence.

#### Right Care:

People received care which was kind, sensitive and caring. Staff had received a thorough induction which included completion of mandatory training and applied this in their role to maintain the safety of people. There were adequate staff staffing levels to meet people's needs.

### Right Culture:

The provider continuously sought opportunities to improve the quality and standard of care provided. A quality assurance system was in place which identified shortfalls and failings of the service and actions were taken to address these.

People and their relatives felt the registered manager was approachable and were confident any concerns or complaints which they shared would be dealt with promptly.

Staff felt supported and motivated in their role. Comments from staff included, "It is a good organisation which looks after people and staff well. Staff work well together as a team. I wish I had worked here earlier." And, "We all work together as a team. There is always somebody to go to with concerns. Even the top manager comes to the service and is available to speak to."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 01 February 2022, and this is the first inspection.

### Why we inspected

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

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Lavender Court

## Detailed findings

### Background to this inspection

#### Inspection team

This inspection was carried out by 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.

#### Service and service type

Care is Central provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the management team are often out of the office supporting staff or providing care. We needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 05 April 2023 and ended on 24 April 2023. We visited the service location on 05 and 11 April 2023.

#### What we did before inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service. We

sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people and 5 relatives. We spoke with 9 staff including the registered manager, the chief operating officer, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 9 people's care records. We looked at 5 staff files in relation to recruitment, training, and supervision. A variety of records relating to the management of the service including audits, policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the care provided and systems in place made them feel safe.
- One person said, "I feel very safe. The [staff] are confident and competent. They [staff] ensure my safety by doing things like putting the brake on my wheelchair and assist me to shower safely."
- A relative told us, "When [staff] come, I know I am able to go out because [family member] will be safe with them [staff]."
- The provider had effective processes in place to protect people from harm. Staff had received training in safeguarding awareness of vulnerable people and were confident in reporting concerns internally and to external organisations.
- One staff member told us, "It is important to protect people from harm and abuse. If I was not happy with actions taken by [registered manager], I could contact the local authority or Care Quality Commission (CQC) direct to raise a safeguarding concern. Information regarding reporting of safeguarding is displayed in posters throughout the schemes."

Assessing risk, safety monitoring and management

- People's needs had been assessed and their records contained tailored risk assessments and guidance for staff to follow to mitigate risk of harm and injury.
- Records contained guidance which was bespoke to the individual and enabled care to be provided safely. This upheld the principles of the Right Care, Right Support, Right Culture.
- Staff we spoke with were familiar with people and their individual needs and associated risks and actions to follow to mitigate risk.
- Staff advised use of an electronic care planning system meant they received updates of care plan and risk assessments information in a timely manner. This meant care provided was appropriate and met people's ongoing needs.

Staffing and recruitment

- People told us they received care from a familiar staff team. This enabled people to form relationships with carers, which enhanced their confidence in the care provision. One person told us, "I see the same core [staff]. I have a good rapport with them now."
- All people and staff we spoke with felt the staffing levels were adequate to meet people's needs, providing care at the time which they required it. One person told us, "There is no problem with time keeping."
- The provider had processes in place to ensure the safe recruitment of staff. Where staff had transferred employment from a previous provider, a check of staff information had been conducted and where required, additional assurances obtained of staff suitability to work.

### Using medicines safely

- Staff had received training and were competent in the safe administration and management of medicine.
- One relative told us, where there had been issues regarding the timing of administering medicine the management had taken action to address this.
- Processes in place supported the safe administration of medicine. Regular audits were conducted by the provider to ensure the safe management of medicine.

### Preventing and controlling infection

- The provider had an infection control policy in place. This policy had been reviewed and updated.
- Staff told us they had received infection control training and were knowledgeable of measures to take to apply this in their work. This included good hand hygiene and wearing of personal protective equipment (PPE) where required to reduce risk of transmission of communicable infection.

### Learning lessons when things go wrong

- A process was in place to report, record, monitor, review and analyse incidents and accidents.
- Lessons learnt were shared with staff through team meetings. This provided opportunity for reflective learning to take place and agree actions to take to support making change and improvement.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives were involved in the assessment, planning and review of their care. One relative told us, "I have been involved in setting up [family member's] care package. We reviewed it a little while ago and changes were made."
- Care plans contained information relating to people's likes, dislikes, medical condition and how this impacted on their health. This meant care and support was provided in a manner which met people's needs and preferences.

Staff support: induction, training, skills and experience

- Staff completed a thorough induction which included a blend of online and face to face training as well as shadowing of senior staff. The registered manager completed competency checks of staff knowledge to ensure they applied their learning safely in their practice. Comments received from people and relatives regarding the staff competency included, "Confident and competent [staff]." And, "The [staff] are confident when using the hoist. My [family member] feels safe when they are using it."
- Staff told us they received regular supervision and felt confident in seeking additional support from their colleagues and the registered manager if required. One staff member told us discussions during supervision had led to opportunities to enhance and develop their career.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans contained information advising of people's nutritional requirements and level of support which was required.
- A relative told us, "There has been a problem with [family member] getting adequate food as [family member] would often say they had eaten. The management worked really hard with me and the care staff to sort it out. The [staff] now fill in a daily food calendar."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were familiar with people and recognised when there was a deterioration in people's medical condition and made referrals to health professionals appropriately.
- People's records contained evidence of referrals made to health professionals for specialist guidance and advice.
- One relative told us, "In the past [staff] have said to me, 'I think we need an ambulance.' They made the call for me." Another relative said, "[Family member] touched their care pendant when they fell and I got a call very quickly. The [staff] had already called for an ambulance when I arrived."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People and their relatives told us the staff always sought consent prior to providing care and support. One person said, "The [staff] always ask what I would like to do. They do what I want." A relative told us, "I was there when one of the [staff] asked family member if they would like a bath. [Family member] said they didn't feel like it and the [staff] respected the decision."
- Staff had received training in the Mental Capacity Act and understood how to apply this in their work. One staff member told us, "It is important to support individuals to make a decision and encourage them in this process."

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives provided positive comments about the kind and caring nature of the staff. One person said, "The team are made up of a variety of personalities which are kind and caring. They [staff] go out of their way to assist."
- A relative told us, "They [ staff] make [family member] laugh, but always ask what [family member] would like. For example, a shower or wash."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us the staff encouraged people to retain their independence and provided care which was respectful and dignified.
- One person told us, "They [staff] speak to me properly. Respect my wishes and give me a bit of banter which I like." Another person told us, "They [staff] are here to assist if I need it and to ensure my safety. For example, I can transfer from my wheelchair on my own but they [staff], will observe and make sure I have my brakes. We have a good laugh."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received care from a familiar staff team. One relative told us, "Because of the continuity, the [staff] know [family member] well enough and know [family members] likes and dislikes.
- Care plans contained information which included goals and the support to achieve these personal goals. For example, one person wished to become more mobile, and information was recorded to support achieving this.
- Staff told us they were provided time to read and familiarise themselves with care plan information. This meant staff understood individuals needs when providing care and support.
- Staff understood the importance of providing care which was person centred. One staff member said, "It is important to recognise people are different and will want support differently in a manner which suits them."
- The provider was not responsible for the provision of activity. However, following feedback from people, the provider had explored opportunities for social stimulation to take place within the schemes which included armchair exercises, bowls and bingo.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans contained information advising staff of people's communication needs. For example, assisting a person to put in hearing aids so they were able to understand and participate in conversations around them.
- The registered manager understood the importance of providing information in alternate formats and shared options which were available. This included access to a translation service, sourcing information in large print and taking time to speak and read information with people when asked.

### Improving care quality in response to complaints or concerns

- Systems were in place to record, respond, monitor, and review complaints and concerns.
- People, their relatives and staff felt confident in approaching the registered manager with concerns and complaints and felt they would be listened to.
- One relative told us, "I have had an issue regarding one aspect of [family members] care plan. I requested a meeting and discussed it with the registered manager who took action."

## End of life care and support

- At the time of the inspection there was nobody in receipt of end of life care.
- End of life care was discussed as part of the assessment process. Responses were recorded in care plans and reviewed with people to ensure they remained reflective of people's wishes. One relative said, "End of Life has been discussed and is in place. Everyone is aware."

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives spoke positively about the care and support they received. One relative told us, "[Family member] is getting 100% of the care which they need. [Family member] is well looked after."
- People and their relatives told us the registered manager and team leaders were approachable, supportive, and visible in the service. One person said, "The registered manager is very helpful and listens to people." Another person told us, "The team leader looks after the people and the staff."
- The provider and registered manager had worked hard in sharing their vision and values with staff to instill a culture which was caring, and person centred.
- One staff member said, "The values and visions of the organisation were explained to me during interview and continue to be discussed during supervisions."
- Staff told us they felt valued, supported, and respected by the registered manager and senior management team. This supported and reflected the positive culture which the registered manager and senior management team had promoted in the staff team.

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

- The registered manager understood their responsibility in notifying the CQC of reportable events.
- Complaints and concerns were investigated. The registered manager offered apologies to people and their relatives when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A quality assurance system was in place to monitor the quality of the service and care. This continued to be reviewed and developed as the service grew to ensure it remained robust. An action plan was in place to address shortfalls identified and was used to continue to drive improvements in the service.
- The registered manager was keen to develop staff and upskill the staff team through additional training, supervision, and mentorship.
- The registered manager shared with staff information obtained from participation in care forums. This supported the drive for continual improvement and change within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider used a variety of methods to obtain feedback from people, their relatives, professionals, and staff. This included surveys, reviews, complaints and compliments, as well as informal meetings and discussions. One person told us they could recall completing a questionnaire asking for feedback and another person advised they had provided feedback over the telephone.
- The provider was able to share with us an action plan which had been implemented to address feedback received. For example, many people had made comments advising they had poor internet connection. Whilst the provider was not responsible for housing matters, they had liaised with the landlord and internet provider, and action had been taken to improve internet issues and connection.

#### Working in partnership with others

- The registered manager and staff team had built a good working relationship with people, their relatives, and professionals to ensure safe and appropriate care was delivered. This included engagement with GP's, occupational therapists, dieticians, social workers, and community nursing teams.