

Compassionate Care Home Ltd

Lavender Lodge

Inspection report

32 Mill Road
Worthing
West Sussex
BN11 5DR

Tel: 01903249252

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Lavender Lodge is a residential care home providing accommodation and personal care to up to 20 people. The service provides support to older people and those living with dementia. At the time of our inspection there were 20 people using the service.

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

People's prescribed medicines had not always been stored within recommended temperature limits, in the refrigerator, or in the medicines trolley. Risks to people were not always safely managed to prevent them from harm.

People did not always receive personalised care that met their individualised needs; care was task-based. Information within some care plans was not always reflective of people's changing needs. The premises had not been adapted to provide a dementia-friendly environment. Auditing systems were not sufficiently robust to identify the issues found at this inspection.

People's consent to care and support was gained in line with the requirements of the Mental Capacity Act 2005. 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.

People felt safe living at Lavender Lodge. A relative said, "It's a nice home, nicely run and the home feels caring. The manager is lovely and chats with people. My mother is well looked after, she's smiling and happy. I get the impression that staff know people well". There were sufficient staff on duty to ensure people's needs were met promptly.

People were supported to have a nutritious diet and healthy lifestyle. They had access to healthcare professionals when this was required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 July 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We carried out an unannounced focused inspection of this service on 17 February 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lavender Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to medicines management, how people's risks were managed, and the governance of the service.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lavender Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by 2 inspectors.

Service and service type

Lavender Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lavender Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 2 relatives about their experience of the service. We spoke with the registered manager, a registered manager from one of the provider's other homes who was present at the time of the inspection, the cook, and 3 care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records including 3 care plans and multiple medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection, medicines were not always managed safely. Some medicines were not stored in line with manufacturers' instructions or according to the provider's medicines policy. Some medicines requiring secure storage had not been disposed of safely and one medicine had not been recorded. Risks to people were not always managed safely. A radiator posed a risk as it was left close to people and was hot to the touch. The sensory room was used as a storage area and was a potential trip hazard for people. Bottles of shampoo and liquid soap were not stored securely.

At this inspection, actions had been taken to address all the above issues. However, we found new breaches of Regulation 12 with regard to medicines and risk management. This is the third consecutive breach of this Regulation.

- Medicines were not always managed safely. Medicines should be stored within recommended temperature parameters. For example, medicines requiring refrigeration should be stored between 2 – 8 degrees Celsius. Other medicines not requiring to be kept in this way, should be stored at a temperature below 25 degrees Celsius.
- Temperature records recorded no action was taken by staff if the temperatures were outside those recommended. The temperature within the medicines trolley was not monitored. We asked for a thermometer to be placed inside the trolley and this recorded a temperature of 26.1 degrees Celsius, above the recommended maximum.
- The provider's policy included guidance on medicines storage and the protocol for temperatures going above the maximum recommended; staff did not follow or understand the rationale for temperature recording as described in the policy.
- A person was identified as being at risk of choking following an incident. A referral to a speech and language therapist (SALT) had been made. We were told this person should receive a soft diet and be supported by a staff member at mealtimes. We saw the person was given green beans as part of their lunchtime meal, and biscuits in the afternoon, without continuous supervision. This put the person at risk of choking based on the risk assessments and information recorded in their care plan. We were not assured the cook had a clear understanding of people's dietary needs and how any changes were communicated.

The provider had failed to protect people from the risk of unsafe care and treatment. This is a continuing breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were happy with the way their medicines were given. A person said, "They help me with my medicines and, yes, those are on time. The staff are quite good".
- Other aspects of medicines were managed safely. We observed a staff member administering medicines to people at lunchtime, and this was completed sensitively and competently. Staff had completed training in the administration of medicines, and their competency to do so was assessed regularly.
- After the inspection, the registered manager informed us a new thermometer had been purchased and kept in the medicines trolley. Advice had been sought from a local pharmacy about the effectiveness of medicines when stored above 25 degrees Celsius. The provider's medicines policy had been updated to reflect these changes.
- People's risks were identified, assessed, and documented in their care plans. Information and guidance was provided to staff which was followed.
- After the inspection, the registered manager told us they had contacted a SALT about the person who had been identified as at risk of choking. Having taken SALT advice, the registered manager stated this person did not now require 1:1 supervision with their meals, and their care plan would be updated accordingly.

Learning lessons when things go wrong

- Lessons were not always learned when things went wrong. Whilst improvements had been made following the last inspection, we found other issues of concern. Please see the Safe, Effective and Well Led sections of this focused inspection report.
- The registered manager said, "I read the last report and it was about overstocking on medicines. It has taken me this length of time to get it sorted. I am still learning what people need and sorting it all out. I do all the ordering of medicines at the moment. I need to get it straight before I pass anything over to other staff."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm. A relative told us, "I do feel they keep her safe. I can leave her here and I know she's going to be okay, that means a lot."
- Staff completed safeguarding training. A staff member explained their understanding of this and said, "Safeguarding means we need to take care of them and understand their care needs. If anything happens, we need to raise a safeguarding. If we found a person had bruises or had a fall, anything like that, we can raise a safeguarding."
- The provider had a whistleblowing policy. Staff told us they could raise concerns anonymously if they needed to, but would normally report any concerns to the registered manager in the first instance.

Staffing and recruitment

- Staffing levels were sufficient to meet people's care and support needs. One person said, "Staff are calm and kind. They are busy and don't have much time to sit and chat, but the atmosphere is calm." We observed people were attended to promptly by staff.
- Staff were recruited safely. Their suitability to work in a care setting had been assessed, and all necessary checks had been completed, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

There were no restrictions on relatives and friends visiting the home. A relative said, "Yes, visiting is fine. I go 2-3 times a week and other family members regularly visit too."

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Consent to care and treatment was gained lawfully, although decisions taken in people's best interests were not always documented to reflect how decisions were made.
- Staff had completed training on the MCA and explained their understanding. A staff member said, "We see what people can do for themselves and where they might need help. If people reject our help, we might suggest another member of staff might have better luck, and the person will accept care from someone else."
- Closed circuit television cameras (CCTV) were used for surveillance in communal areas of the home. People had given their consent to these being used and this was documented as required.
- People's capacity to make decisions had been assessed and was recorded. DoLS authorisations were kept on file. Where conditions to these DoLS authorisations had been applied by the local authority, these had been met. For example, a condition on a person's DoLS required a review of their medicines to be undertaken. This had been completed by the person's GP.

Adapting service, design, decoration to meet people's needs

- Lavender Lodge was an older building that had been adapted to meet people's physical needs. There was a stair lift and another lift for people to access different parts of the building.
- The premises had not been specifically adapted to meet the needs of people living with dementia. There was some signage around the building to indicate a toilet or bathroom for example. A sitting room was

referred to by staff as the 'sensory room', but nothing was provided to enable people to access sensory experiences. Gentle stimulation of the senses, including sight, sound, touch, taste, smell, and movement, provides positive experiences for people living with dementia and enhances their wellbeing.

- A slope in the rear garden provided access for people with mobility needs or wheelchair users. Some people enjoyed sitting in the garden, but it was unkempt, with a broken rotary clothes drier left on the lawn.

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

- People's care and support needs were identified and assessed before they came to live at the home. The registered manager met with people and their families to find out about each person's care needs, and to ensure these could be met before they moved into Lavender Lodge.

- Care records included pre-assessments relating to people's needs and preferences.

Staff support: induction, training, skills, and experience

- Staff completed a range of training which the provider considered necessary for their job roles.

- If staff were new to care they completed the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- Staff had supervision meetings with the registered manager.

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

- People were supported to maintain a balanced diet and a healthy lifestyle.

- We received mixed feedback about the food on offer. A relative said, "I'm not sure if she remembers to drink. Staff do well with encouraging her; they brought round iced milkshakes this afternoon. It's good when it's hot, they do give them more cold drinks". Another relative told us, "Food is sometimes okay, and other days it's awful."

- We observed people having their lunchtime meal. Staff offered people a choice of two main dishes. A person chose gammon, but was given cottage pie; they complained to others at the table, but continued to eat the meal given to them.

- There were no menus or accessible information available to people about the menu or choices of food. When dessert was served, staff put the bowl down in front of each person with no explanation of what it was; people were not given another option.

- At the end of the inspection, the registered manager agreed it would be helpful for people to have menus and pictures of food, so they could make informed choices about their mealtime preferences.

- People's dietary needs were met. A person who was restricted in what they could eat because of their religious beliefs was catered for. People living with diabetes received suitable diets.

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

- People received support from a range of healthcare professionals. A relative told us, "She's well looked after, so I've not had to worry. Fortunately, she's been physically well here, but staff would contact me if anything happened. They've told me when she's not been herself. For example, when she's not wanted to get out of bed one morning, which wasn't like her usual self."

- A GP or practice nurse had weekly contact with the home and undertook a face to face weekly visit. The registered manager told us if they needed to phone the medical practice when someone was unwell, a GP would come out straight away.

- The home had contact with the community matron for dementia who supported staff with a range of information.

- The service referred people to a range of professionals for specific healthcare needs. For example, people who sustained frequent falls were referred to the falls team for advice and guidance.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection, systems were not sufficiently robust to monitor the care delivered or the service overall. There was no formal feedback from people, their relatives, or staff. Audits had not identified the issues found at the last inspection. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Actions had been taken following the last inspection and some improvements had been made. The rating awarded at the last inspection was on display at the home and on the provider's website. However, we found new breaches of Regulation 17 with regard to the oversight of medicines management, risks to people and accuracy of information in care plans, and auditing systems. This is the third consecutive breach of this Regulation.

- Systems to measure and monitor the service overall were not sufficiently robust to ensure people received a consistent, high standard of care. Formal feedback from people and their relatives had not been sought.
- A relative told us about missing laundry, and said, "Clothes have gone from her room; she's dressed in other people's clothes and they're not ironed or well kept. It's an ongoing issue and it feels undignified. I have made a complaint." Another person told us about their clothes going missing.
- Medicine audits had not identified the issues with regard to temperature monitoring of the refrigerator, medicines room or trolley, and ensuring medicines were kept safely.
- Some care records were not reviewed to ensure information within them was current or accurate. For example, a person was now cared for in bed following illness, but their personal emergency evacuation plan had not been updated to reflect their current needs. Another person's food and nutrition care plan had not been updated with a choking risk.
- Closed Circuit Television (CCTV) was used to monitor people's movements in the home. A person had sustained a number of falls recently. Although CCTV had not yet been used to monitor this person specifically, there was no best interests decision making documented, nor was there any record keeping about specific monitoring. We asked the provider for their policy on CCTV, and this was sent to us after the inspection.
- Best interests decisions made on behalf of people in line with the requirements of the Mental Capacity Act 2005 had not always been fully documented.
- There was a lack of oversight of the service, and issues found at this inspection had not been identified, so

actions could be taken.

The provider had failed to implement effective governance systems to monitor the quality and safety of the service provided. This is a continuing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, the registered manager informed us that fridge and room temperature checks were completed for medicines daily. A new thermometer had been placed inside the medicines trolley and would be monitored daily. The provider's medicines policy had been updated. The local pharmacy had been contacted for advice about medicine room temperatures and the effect on medicines.
- After the inspection, a person's food and nutrition plan had been reviewed and updated to reflect advice received from a speech and language therapist.
- Since the inspection, new menus have been introduced in an accessible format. There were plans to use technology to use pictures of food to help people make choices.

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

- The home did not always provide a positive culture for people; the care provided was task-orientated. Staff supported people according to the guidance in their care plans, but care was not person-centred, in that it was not focused on the needs and preferences of the individual.
- We observed people receiving support from staff at lunchtime. People were given their meals and a choice of drink. Plates were collected; one person received support from a member of staff to eat their meal. People were chatting with each other, but there was little interaction between staff and people, other than to establish whether people had finished their meal, for example. Care was task-orientated and focused on what needed to be done, rather than making lunchtime a positive and social experience for people.
- Some activities were organised for people. A person told us they would like to go out for a walk, but were told they were not allowed to. Later, they were taken out to the pub which they enjoyed. Although activities were planned, these were not on a daily basis. A relative said, "There are no activities. Wherever she goes, she sits. I've never seen a staff member sitting with her. The sensory lounge looks better now, but I don't know how it helps anyone there with dementia; the garden isn't well maintained".

We recommend the provider seeks advice from a reputable source on developing a person-centred, dementia-friendly environment.

- Staff completed dementia training and explained their understanding of how this disease affected people's cognition and understanding. A staff member said, "It's all about person-centred care. If a person is independent, we can talk to him or her and encourage them to do things for themselves, like washing. Some people need assistance."

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

- Notifications that the provider was required to send to CQC by law had been received.
- The manager was newly registered in their post, and had worked in a care setting for several years. They told us, "I'm not an 8 until 4 [hours] person. I normally leave after 5 or 6 o'clock, and I come in at weekends if I need to".
- With the new manager and care staff recently being recruited, we were told a few staff had left their employment. The registered manager said, "The staff I have at the moment on sponsorship are lovely. I have

a good relationship with the owners. They come and visit every so often, but they are always on the phone if I need them. I've also worked closely with the manager of one of the other homes who has been a big help."

- The registered manager explained their understanding of duty of candour. They told us, "You own up to everything. If you've made a mistake you own up. I can't think of any examples".

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

- People and staff were involved in developing the service. A relative said, "Staff are communicative with me. I visit often. I had a survey once and I speak to the staff a lot. I do feel involved in her care. She's well looked after." Another relative told us, "There's been a lot of turnaround of staff and managers, but the new manager seems to be getting on top of things."
- People's diverse needs were recognised and catered for, although a relative told us their loved one did not always have their hearing aids put in by staff. When giving a person their eye drops, we saw a staff member hand the eye drops bottle to the person so they could feel it. The person had a visual impairment and handing them the bottle gave them reassurance about what was happening.
- Staff felt supported in their roles and spoke positively about working at the home. A staff member said, "It's a really nice home and all the residents are good. [Registered manager] is really supportive, and she's always here if you have any problems or anything happens, she will sort it out."
- Staff meetings were organised and enabled staff to keep up to date about what was happening at the home, as well as to make suggestions. A staff member told us, "There is one in the coming week. We talk about the residents, the monthly assessments, the need to push fluids in the hot weather, that sort of thing."

Working in partnership with others

- The home worked with a range of agencies such as health and social care professionals.
- Referrals for people to be admitted to the home were received from hospitals, social services, and local authorities.

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 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 The provider had failed to protect people from the risk of unsafe care and treatment. Regulation 12 (1) (2)(a)(b)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement effective governance systems to monitor the quality and safety of the service provided. Regulation 17 (1) (2)(b)(c)