

# Barker Care Limited

# Lavender Villa

## Inspection report

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## Ratings

### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Requires Improvement</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Inadequate</b> 

# Summary of findings

## Overall summary

### About the service

Lavender Villa provides nursing and personal care to up to 40 adults whose primary needs are associated with their mental health. At the time of our inspection, there were 36 people using the service. Some people using the service were also living with dementia.

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

A lack of robust governance and daily management oversight had resulted in issues relating to the quality and safety of the care people received. Governance systems in place had failed to identify the concerns we found and whilst regular checks and audits were in place, they were not effective at driving improvement. Although the registered manager and management team were keen to promote a person-centred, inclusive and empowering culture, the current processes in place did not allow staff the opportunity to implement this within their daily role.

People's safety was not always managed effectively. Some staff had not received specific training to manage people's assessed risks such as those related to food and drink intake. We observed some staff performing manual handling procedures incorrectly, potentially placing people at risk of avoidable harm. The service had failed to take robust action following previous safeguarding incidents to prevent re-occurrence and keep people safe from harm. Some records relating to people's assessed risks were not legible making it difficult to determine whether information was accurate.

Safe recruitment processes were not always followed. Whilst checks on applicant's safety and fitness had been carried out, some references had not been followed up and verified. Appropriate assessments had not been completed where information regarding applicants' previous history had been disclosed. The service did not always deploy enough staff with the knowledge and experience required. Some staff working on both days of inspection were newly recruited which meant only a small number of experienced staff were deployed.

Whilst people's needs had been assessed in line with guidance, some information recorded was inconsistent and not easy to read. We found no evidence that people were not receiving effective care, however records maintained were not always up-to-date.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. Although relevant policies were in place the systems in the home had not ensured that people's pre-made decisions were being met in their best interests. Staff did, however, provide people with choice and control over day-to-day decisions about their care.

People did not always receive care that was person-centred and based on individual needs and preferences. Where some people had specific conditions associated with their DoLS authorisation, these were not always

being met. Care plans lacked detailed information regarding people's life histories and end-of-life care wishes and preferences.

People spoke positively about the caring nature of staff and observations showed positive interactions when providing support. However, care and support was often task-led with a lack of quality time spent with people. People's equality characteristics were not always fully protected and staff did not always use dignified language when referring to people's distressed behaviours.

People were supported to maintain a balanced diet and care plans clearly documented people's individual dietary requirements. Staff provided people with support they needed at mealtimes. People received support to access healthcare professionals and services.

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 was the first inspection since the provider re-registered the service in April 2019. The rating from the last inspection at the previous address was rated requires improvement (report published 29 December 2018). We used this rating to inform our inspection planning.

#### Why we inspected

The inspection was prompted in part due to concerns received about safeguarding people from the risk of abuse. A decision was made for us to inspect and examine those risks.

We have identified breaches in relation to keeping people safe, recruitment, person-centred care and the leadership and oversight of the service at this inspection.

Prompt action was taken by the registered provider after the inspection to mitigate risk and improve the quality of care in response to the concerns we found during our inspection.

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

#### 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 also request an action plan from the provider to understand what they will do to improve the standards of quality and safety.

We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

This service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

This service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

This service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

This service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

This service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Lavender Villa

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and an inspection manager on day one and two inspectors on day two of inspection.

Lavender Villa is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed the information we had received about the service. We also reviewed information from the previous inspection report prior to the service being re-registered. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two family members about their experiences of the care provided. We also spoke with the registered manager, compliance manager, unit manager and six members of staff including nurses, care workers and hospitality 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. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

After the inspection

We received additional information following our inspection in response to the concerns raised and offer assurances that action had been taken.



# Is the service safe?

## Our findings

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

This was the first inspection since the provider re-registered the service. At this inspection this key question has been rated 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.

### Staffing and recruitment

- Robust recruitment processes were not always followed to ensure newly recruited staff were safe to work with vulnerable people.
- Whilst required recruitments checks were carried out, some references were not always verified to check for authenticity.
- Risk assessments were not always completed to check an applicant's suitability to work for the service.

Safe recruitment processes were not followed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst sufficient numbers of staff were deployed to meet people's needs, the skill mix, knowledge and experience of staff was not always balanced or adequate.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Some staff had not received adequate training to manage people's assessed risks. For example, staff supporting people with risks associated with food and drink intake had not received correct training to manage this.
- Staff were observed not always following safe moving and handling procedures which could place people at avoidable harm. These incorrect procedures were being observed by newly recruited staff.
- Resident emergency evacuation plans (REEPs) did not contain detailed information for staff to safely evacuate people during an emergency. Plans lacked information regarding people's specific mobility needs, potential reactions to loud noises and whether the support they required during the day differed from that at night.
- Robust action had not always been taken following previous safeguarding incidents to ensure they did not happen again and to keep people safe from harm.

Systems in place were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst risks to people had been assessed and identified, some plans were not always easy to read due to poor handwriting. This made it difficult to obtain relevant information. We have referred to this further within the effective section of this report.

### Learning lessons when things go wrong

- Systems were in place to record, review and analyse accidents and incidents. On-the-whole, these were robustly reviewed to look for patterns and trends. However, learning had not been taken from a previous safeguarding incident which had resulted in a further incident occurring.
- The provider and senior managers cascaded relevant information from other services within the provider group to ensure learning took place from other incidents.

### Using medicines safely

- Medicines were stored and managed safely by suitably trained and qualified nurses.
- The service had recently transferred to electronic medicine administration records (EMARs). Due to the system being new, some recording errors had been identified regarding medicine stock counts. We found no evidence that people were not receiving their prescribed medicines at the right times.
- Guidance was in place for people who were prescribed 'as required' medicines to ensure certain medicines were administered when necessary.

### Preventing and controlling infection

- The control and prevention of infection was generally well managed.
- The environment was kept clean and hygienic and staff used personal protective equipment (PPE) to minimise the spread of infection and correctly disposed of clinical waste.



# 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 was the first inspection since the provider re-registered the service. At this inspection this key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Whilst people's needs had been assessed in line with standards guidance and the law, some information was inconsistent and not always clearly recorded.
- Staff did not always have access to the most up-to-date information regarding people's needs. Each person had two separate care plans; one of which was used daily by staff to access the most up-to-date information and maintain daily records of people's care. However, some information, for example oral health needs, had not been transferred from people's main care plan to the daily plan used by staff.
- Where people had wound management plans in place to monitor progression of wound care, these had not always been updated to show the current condition of a wound.
- Some aspects of people's care plans were not easy to read due to poor handwriting. This made it difficult to obtain information and determine whether information recorded was accurate.

A lack of robust record keeping placed people at risk of receiving ineffective care and support to meet their needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was not always working within the principles of the MCA as conditions on some people's authorisations were not always being met. We have reported on this further within the responsive section of

this report under 'person centred care'.

- Not all staff had a good level of knowledge or understanding around DoLS and what this meant to people living in the home. Some staff were not aware of which people were subject to a DoLS authorisation.
- Staff were observed offering people choice and control over day-to-day aspects of their lives and people told us staff always asked for their consent before carrying out specific tasks.

Staff support: induction, training, skills and experience

- Not all staff had the right skills, training or experience to meet people's needs.
- Records showed some gaps in staff training specific to people's needs. Following the inspection, the provider sent us additional records to confirm that staff had received appropriate training. However, some gaps were still identified.
- Some staff were new to the service and did not always have detailed knowledge and experience of people's needs. For example, on day one of inspection we identified that two staff were only a short time into their induction period and one was agency staff. This meant there were only three care staff with substantive skills, experience and knowledge of people's needs.
- Staff received regular supervision where they were given the opportunity to discuss any concerns. However, not all staff felt their concerns were listened to or acted upon.

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

- Whilst the service had been adapted to meet people's physical needs, it did not always meet people's sensory needs.
- Some people's care plans had identified that loud noises could trigger distressed or anxious behaviours. The registered manager told us people had access to a 'quiet' lounge. However, on both days of inspection, this lounge was observed to be busy and noisy with people and visitors regularly using it.
- People's rooms had been decorated to their choice with items of memorabilia to help provide comfort.

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

- People were supported to maintain a healthy balanced diet.
- Care plans provided information regarding people's dietary needs and requirements. Where people required support with meals staff provided this.
- People were protected from risks associated with poor nutrition, hydration and swallowing difficulties; such as weight loss, dehydration and choking risks.

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

- People received additional support from health and social care professionals when needed and staff followed guidance when needs had changed.
- People told us their health needs were met and had regular access to health professionals such as a GP.
- The service supported people to access health appointments, such as hospital, when needed.
- Information was shared with other agencies where this was appropriate so that people received consistent care and support to meet their needs.

# 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 was the first inspection since the provider re-registered the service. At this inspection this key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- The service did not always fully support people's protected characteristics set out under the Equality Act 2010. For example, during inspection we identified table menus which highlighted and drew attention to people's specific dietary needs.
- We observed long periods of time on both days of inspection, where people were left unsupported and with limited interaction from staff. The interactions observed were task-led and staff were not seen to spend quality time with people.
- When staff did interact with people, they were kind, caring and compassionate. One family member told us they felt the care was good and that staff provided good support.
- More established staff clearly knew people well and were observed providing compassionate, effective support to people who were seen to become anxious or distressed.

Respecting and promoting people's privacy, dignity and independence

- Staff did not always use language that was respectful when describing people's behaviours. For example, one person's care plan described them as 'hostile' and 'annoying' and one staff member had used derogatory terminology when referring to a person's challenging behaviours.
- People's dignity was mostly promoted and staff were seen to be respectful when providing support. However, where one person's mental health had an impact on their personal hygiene, staff did not always ensure their dignity was maintained.
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to share their views about the care they received with regular reviews and meetings.
- People unable to express their views effectively were supported to access advocacy services when needed.

# Is the service responsive?

## Our findings

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

This was the first inspection since the provider re-registered the service. At this inspection this key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People did not always receive care that was person-centred and based on their individual needs or preferences.
- Where some people had conditions attached to their DoLS authorisations, these were not always being met. For example, one person was not being supported to access specific TV entertainment to help reduce identified behaviours despite this being a condition to their authorisation.
- The service did always consider alternative, person-centred methods to support people with challenging behaviours. For example, one person was known to take control of the TV when in the lounge. Their care plan stated staff should encourage them to go to their room. This could potentially lead to isolation and increased distress.
- People told us staff were not always responsive to their needs. One person told us, "[Staff] don't always come when I ask for help. At night sometimes I have to wet myself because I need the toilet and can't get there on my own."
- People's care plans lacked detailed, person-centred information regarding their life histories. Important information about their mental health had not been recorded to support staff in getting to know people and understand their needs and behaviours.

People were not always receiving care and support that was responsive and personalised specifically for them. This was a breach of regulation 9 (Person-centre care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 had access to a range of activities within the service. However, it was unclear how often people were supported to access the community.
- Some people's care plans stated they required a structured plan in place to access the community but it was not clear from records how staff should support this or whether this was being completed.
- The activities co-ordinator knew people well and it was obvious they had built positive relationships with them. They kept a detailed record of people's involvement in activities to help plan future events to reduce isolation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered as part of the assessment process. However, information was not always clear for staff to follow to ensure people's needs were met.
- Some information regarding people's communication needs was inconsistent. For example, one person's communication care plan stated they had no identified sight loss/impairment. However, other aspects of their care plan referred to them having a diagnosed sight loss.

#### End of life care and support

- Nobody using the service was being supported with end-of-life care at the time of our inspection.
- End-of-life care was not always considered as part of the care planning process. People's wishes and preferences for care at this time in their lives was not always recorded.

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

- People and family members were provided with information about how to make a complaint and who to report concerns to.
- Any complaints received were clearly documented and action taken in response was recorded.

# 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 was the first inspection since the provider re-registered the service. At this inspection this key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- There was limited, effective senior management presence or oversight of the service on a daily basis which had contributed to some of the issues we found.
- Whilst the service had a manager registered with CQC, they were also the registered manager for two other services at this location. This meant they were not always visible at Lavender Villa.
- There was a unit manager responsible for the daily management of the service. However, observations, records and conversations with staff showed evidence they were not being allocated sufficient time to carry out their managerial tasks.
- A 'compliance manager' was present on a daily basis to support the registered manager with quality assurance and compliance-related tasks. However, they had failed to identify the issues we found during inspection.

Continuous learning and improving care

- The provider's governance systems had failed to identify the concerns highlighted on this inspection such as people's safety, staff recruitment, lack of person-centred care planning and delivery and poor record keeping.
- There was a lack of scrutiny by the registered provider to ensure that their systems for assessing and monitoring the quality and safety of the service were implemented.
- The registered manager and provider did not take appropriate, robust action to minimise risks to people following safeguarding incidents which occurred at the service.
- Following the inspection, the registered manager and provider sent us additional information to show what had been done and what was planned in order to address the issues we identified. However, we need to see sustainability in order to improve the rating of this key question.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Whilst the registered manager's vision was to promote a person-centred culture, the systems and processes in place did not allow or support staff to implement this within their daily role.
- There was some evidence found during the inspection that people were not always supported to be empowered and did not always receive person-centred care that resulted in good outcomes.
- We received mixed feedback from people and family members regarding the service. One person told us

"I'm not happy. I don't like it here. It's too big and sometimes it's really noisy. You don't know the staff because they're always changing."

- Meetings were not held on a regular basis with staff to ensure they were engaged with about the service. A newsletter had been implemented to provide staff with information, however there was little opportunity for staff to share their views.
- Meetings and surveys were used as a way to obtain people views about the service.

The lack of management oversight and robust governance placed people harm and meant they did not always receive, quality, effective, person-centred care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; Working in partnership with others

- The registered manager was aware of their legal requirement to notify CQC about certain events and submitted notifications when required.
- The registered manager was aware of their duty to be open and honest if things went wrong; no incidents had occurred that required action.
- Staff worked well with health and social care professionals and followed their advice and guidance.

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 9 HSCA RA Regulations 2014 Person-centred care  People were not always receiving care that was person-centred and based on their individual needs and preferences.  Care records lacked detailed, person-centred information regarding people's life histories.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems in place were not robust enough to demonstrate safety was effectively managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not robust enough and failed to identify issues found during the inspection relating to safety, recruitment, recruitment and poor records.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Safe recruitment processes were not always being followed to ensure newly recruited staff were safe to work with vulnerable people.



