

Lavender Court Care Home Ltd

Lavender Court Care Home

Inspection report

Boscawen Road
Perranporth
Cornwall
TR6 0EP

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lavender Court Care Home is a residential care home providing personal care to 36 people, some of whom are living with dementia. People are primarily aged over 65 years. At the time of the inspection five people lived at the service. The home was on two floors with a range of communal areas. These included dining spaces and lounges.

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

Whilst people seemed happy with the care they received, they were not always protected from the risk of harm. Appropriate risk assessment procedures were not in place so any risks to people were not always minimised. The registered provider had not consistently taken suitable action in a timely manner.

Staff were not always recruited appropriately. For example suitable references were not always obtained when new staff had previously worked in a caring capacity.

Staffing levels were not satisfactory. Staffing levels, during the day on the days of the inspection were stretched, and depended on managerial staff assisting care staff to deliver adequate support to people. However we observed people receiving prompt support from care staff when required.

Care planning systems were not satisfactory. Care plans did not always accurately outline people's needs, and were not being accurately reviewed when people's needs changed.

Staff induction procedures were not satisfactory. For example there was not suitable information to show staff had received a comprehensive induction, or supervisory staff had provided comprehensive information to assist new staff to carry out their roles. There were gaps in the delivery of training staff had received. This meant staff employed had not received all training which was legally required and to assist them to carry out their roles. There was no record staff had received any one to one supervision with a senior member of staff.

The service had not been managed effectively which had led to the identified failings. The manager did not have sufficient time to carry out their managerial duties. However the current manager had only been in post for a short period. The manager and the nominated individual were aware of some of the shortcomings highlighted and said they were working to make suitable changes. Staff and the majority of people had confidence in the management of the service.

It is too early to conclude if management were able to demonstrate the service learned from mistakes to minimise them happening again.

The provider had inadequate systems to monitor service delivery and bring about improvement when necessary.

Some external professionals currently did not have confidence the registered provider was working well with them to provide good quality care.

The service had suitable safeguarding systems in place, and staff had received training about recognising abuse.

The medicines system was well organised and staff received suitable training. People received their medicines on time.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised.

The service had suitable assessment systems to assist the registered provider to check they could meet people's wishes and needs before admission was arranged.

People received enough to eat and drink. Some people said the quality of meals was variable. People received some choice about the meals they received.

People received care and support in the least restrictive way possible and in their best interests. Policies and systems in the service supported this practice.

People received support from external health professionals and were encouraged to live healthier lives.

People said they received support from staff which was caring and respectful. Care promoted people's dignity and independence. People were involved in decisions about their care.

People had the opportunity to participate in some activities and to spend time with the wider community.

People felt confident raising any concerns or complaints. There had not been any complaints about the service since it was registered.

The team worked well together and had the shared goal of providing a good service to people who lived at the home.

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

Rating at last inspection

The last rating for this service was inadequate (published 24 May 2018). Since this rating was awarded the registered provider has altered its legal entity .

Why we inspected

The inspection was prompted due to concerns received about standards of care, staffing levels and management of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well Led sections of this full report.

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

Enforcement

We have identified breaches in relation to staffing, staff recruitment, induction, training and supervision, risk assessment and care planning, and quality assurance and governance at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Lavender Court Care Home

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 completed by two inspectors on the first day of the inspection, and one inspector on the second day of the inspection.

Service and service type

Lavender Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 who was not registered with the Care Quality Commission. A registered manager, alongside the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager has submitted an application to be registered with the Care Quality Commission.

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. 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.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the manager, senior care workers, care workers, the maintenance worker, cleaner 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 four people's care records and multiple medication records. We looked at five staff files in relation to recruitment, training and staff supervision. 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 this inspection this key question was rated as Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- People were placed at risk because staff did not have comprehensive information when people required support to reduce the risk of avoidable harm. External professionals raised concerns that staff had not sought suitable advice regarding one person who was at risk of falls. The external professionals had visited the service to provide medical assistance following the person having an injury due to a fall. Subsequent to the visit timely action was not taken to minimise the risk of the person falling, and external professionals had to remind the registered provider again about what action was necessary. In respect of another person, timely advice had not been sought about a person's eye care putting the person at risk of infection. External professionals had to inform the registered provider to take suitable action.
- We observed one staff member supporting a person to transfer from their chair to a wheelchair inappropriately. Due to the practice used, there was a heightened risk of injury. This matter was discussed with the manager who said they would discuss the matter with the staff member concerned. We were told the member of staff would receive additional support to enable them to support people effectively in this aspect of their care. However, other moving and handling practice we observed was to a good standard.
- Staff did not have access to relevant and up to date information. Risk assessments were in place to inform staff how to reduce the risks to people. However, some risk assessments did not contain current information. For example, when a person's needs had deteriorated, or risks had lessened due to positive work completed by staff. There was limited or no evidence of reviews of assessments. For example, although one person's risk assessment stated they needed one to one assistance from staff to move around we observed them walking independently. This matter was discussed with the manager who clarified the person was now able to walk without assistance but the manager had not had time to update the risk assessment. This may have led to inappropriate care.

The failure to suitably assess and take appropriate action in relation to risk is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People and relatives said they were pleased they had suitable equipment to help ensure their health needs were met. For example, raised toilet seats, specialist beds and mattresses. One person and their relatives said they were "impressed" by the support received to enable the person to be able to walk again without staff support.
- The environment and equipment were safe and well maintained. Risk assessments were completed to ensure any health and safety risks were minimised. There were suitable records in place to demonstrate equipment was regularly checked, maintained, and where necessary serviced.
- Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing and recruitment

- We had received information before the inspection that suggested people were placed at risk due to inappropriate staffing levels. The manager said two care staff were on duty from 8am until 8pm. We were told there was sometimes a third member of staff on duty. Between 8pm and 8am there were two members of staff. One member of night staff was 'on call' (and subsequently asleep once people went to bed), and the other member of staff was awake. A maintenance worker and cleaner were employed. A cook had recently been employed but was on leave. An activities worker, and further care staff were due to be recruited.
- People and staff told us that they felt there was enough staff. Staff members did inform us concerns had previously been raised to management that there were not enough staff at weekends, and the registered provider had improved staffing at these times. Staff said they had felt it was difficult to complete their care duties and cook in the absence of kitchen staff. However, staff told us they were pleased a cook had been recruited which would ease the pressure on them.
- On the days of our visit, we had mixed views about whether staffing levels were satisfactory. On the first day of the inspection staffing levels appeared appropriate for the needs and numbers of people living at the home. We were informed that two additional staff members had been asked to come in as the manager was assisting the inspection team. On the second day of the inspection we sat in the lounge and observed the support people received. People received staff assistance professionally and promptly. However, this was due to the manager providing hands on support while other staff were providing personal care to others in their rooms. It was necessary, for example, for the manager to sit with people in the lounge to respond to people's requests for food and drinks, provide distraction so one person did not become anxious, and answer the telephone. It was clearly not possible for rostered care staff to provide satisfactory support unless the manager had provided this assistance. By the manager being so involved in care, there was a negative impact on the running of the service as outlined elsewhere in the report. For example, in terms of care documentation not being accurate, and staff induction, training and supervision not being satisfactory. The manager said the registered provider was in the process of recruiting more staff, and they understood they needed to step back once these staff were established. However we were concerned that although the service was registered on 29 April 2019 not enough staff had been employed to cover the needs of the service.

The failure to ensure satisfactory levels and numbers of care staff is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff were not always recruited safely to ensure they were suitable to work in the care sector. There were gaps in employment histories with no evidence the registered provider had investigated to identify the reasons for the gaps. References were not always sought from previous employers when staff had previously worked with vulnerable adults. However there was evidence the registered provider had obtained a Disclosure and Barring check for all staff.

The failure to ensure satisfactory levels of care staff, and to ensure staff are recruited appropriately is a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Learning lessons when things go wrong

- The manager had only been in post since September 2019. The service was registered on 28 April 2019. The manager said since they had been in post there had been no significant events which the registered provider had needed to learn from, and they were not aware of any significant incidents which had occurred.

Using medicines safely

- Systems for administering, storage and monitoring medicines were safe.
- Staff were trained and deemed competent before they administered medicines. Medicines were kept securely.
- Observations of staff showed they took time with people and were respectful in how they supported them to take their medicines.
- When medicines were prescribed for use 'when required' there was sufficient information for staff to administer these medicines effectively.
- Where necessary there were body maps to indicate to staff where to apply creams and lotions.

Preventing and controlling infection

- The service was clean and risks of infection were minimised.
- Suitable measures were taken to minimise the risk of infection. The building, carpets and furnishings were all very clean. The home smelled fresh. Cleaning staff were employed and suitable routines were in place to ensure cleaning and infection control standards were maintained to a high standard.
- We were told staff received suitable training about infection control and food hygiene. However records showed there was some gaps in the delivery of training. Throughout the inspection we observed staff carrying out suitable infection control measures. For example, where necessary, wearing aprons and washing hands.
- The manager said they had recently improved infection control procedures including improving systems for how commodes were emptied and cleaned.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had an understanding of safeguarding procedures.
- The provider was aware of multi-agency safeguarding procedures, and what action was necessary if they had a concern.
- People said that they felt safe. People said if they didn't feel safe they would speak with a member of the care staff or the manager and were confident they would help them solve the problem.
- The local authority has received safeguarding concerns about the service and these are currently being investigated.

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 this inspection this key question was rated as Requires Improvement. This meant the service was not always effective at meeting people's needs.

Staff support: induction, training, skills and experience

- People were placed at risk of inappropriate care due to lack of staff training and supervision. Staff records did not always demonstrate new staff had received an appropriate induction. All induction records inspected were blank or minimally completed. The registered provider was aware of the Care Certificate (a set of industry approved induction standards, recommended for use by the Care Quality Commission.) We were told some staff were completing this but there were no records available to verify progress. Staff we spoke with had mixed views about induction. One member of staff said they shadowed an experienced member of staff for a two week period, they had received good support from a mentor, and had felt supported since they commenced employment. Another member of staff said their induction had been over a four day period for four hours a day. They felt their induction had been too short as they needed, "to keep practicing to learn."
- Records demonstrated staff had not completed all training required according to legal and industry standards. Only one of the five staff records inspected had suitable evidence of appropriate training. However staff we spoke with said they had received some training to carry out their roles. We were told most training was completed through watching DVD's, as well as some face to face training, about relevant subjects. Some staff stated they had received face to face training about manual handling the previous day.
- There was no documentary evidence staff received one to one supervision, where they had sat down with a supervisor to discuss their work, and any training and development needs. Any supervision records on personnel files were blank. The manager acknowledged formal supervision had not taken place but said they were due to start this process with staff. However there was a team leader on duty between 8am and 8pm to provide support. The staff we spoke with said they felt supported by colleagues, team leaders and the manager.

The failure of the registered provider to provide appropriate support, training professional development and supervision to enable staff to carry out their duties contributed to the breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff working with other agencies to provide consistent, effective, timely care

- The manager said the service had links with the GP surgery, district nurse team and other professionals. The manager was aware of the process to refer people to other services such as the speech and language therapy service and dietician.
- There were very limited links with the local authority adult social care department as the local authority had decided not to commission services from this provider.
- The district nurse team expressed concern to us about how the registered provider had assessed and

responded to risk. These concerns are outlined in the last section of this report. The district nurse team also raised a concern that a person staying at the service for respite (short stay) had not been registered with the GP service. This could have caused unnecessary delay if the person subsequently had needed to see a GP during their stay at the service.

- Records showed that people who were staying at the service for a short period, or living there permanently, had received health care support from professionals such as GP's, district nurses, chiropodists, opticians and dentists. People told us staff called their doctor if they felt unwell.

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

- Assessments of people's needs before admission to the service were detailed, expected outcomes were identified.

- The manager said they always went to meet the person to complete an assessment before the person moved to the service. Discussion took place with those who knew the person well, and where possible written reports were obtained from those who worked with the person.

- The manager said the person and their representatives had the opportunity to visit the service before a decision was made as to whether the service could suitably meet their needs. For example, the person's relatives could visit the service, have a look around and ask any questions about how the service operated.

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

- People were supported to receive meals, in a timely manner, which met their dietary requirements. Where necessary arrangements could be made to change the texture of foods to reduce the risk of choking.

- There were mixed views about the quality of the food. Some people, and their relatives said food was to a good standard and enjoyable, whereas other people said the quality of the food was very variable. For example one person said the food was "Not very good...should be better." Care staff had been preparing the meals and acknowledged that some of them had better skills than others. A cook was had recently been employed.

- The manager and people said there was a choice of meals, and the manager told us people could "have what they like(d)." On the first day of the inspection people were offered a choice of Cornish pasty, soup or a sandwich for their lunch.

- Where necessary, arrangements could be made to monitor people's food and fluid intake to minimise the risk of obesity or malnutrition, and dehydration.

- Where necessary people could receive suitable support to eat. For example, to have food cut up, or one to one support with eating. At the time of the inspection nobody required their meals to be pureed or softened. One person was a diabetic and this person's dietary needs were catered for.

- During the inspection we observed people had their meals in the lounge. There were also two dining areas if people wanted to use these.

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

- The building was suitably adapted to meet people's needs. For example, there were two specialist baths. The manager said there were plans to convert one bathroom to have a walk in shower.

- The care home was situated on two floors connected by a shaft lift and a staircase. At the time of the inspection, due to low occupancy, the upstairs of the care home was not used for accommodation.

- The building was decorated to a high standard. Carpets and furnishings were all of high quality. The building, furnishings and fittings had, where necessary, been renovated and upgraded prior to the service's registration in April 2019.

- People said they liked the accommodation and thought it was suitable for their needs. However a concern was raised by one person that there was not enough hot water in their bedroom which meant they could not use the en suite facility.

- People could choose to personalise their bedrooms with photographs, televisions and other personal possessions. People were happy with the facilities provided. One person told us that the internet connection to their bedroom was not satisfactory and had reported this matter to management.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to eat healthy diets.
- People could either contact health professionals independently or received suitable support to do so.
- People were encouraged to go out for walks. An exercise session had occurred recently. Two people said their ability to walk had significantly improved, since their stay at the service, due to help received by staff.

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.

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.

- The manager was aware of the requirements of the Act and the service's responsibilities under it. The manager said she had applied for DoLS on behalf of people where this was necessary. A record was kept of applications but no authorisations had occurred as yet.
- Where people did not have, or had limited capacity to make decisions, we observed them being appropriately supported to have maximum choice and control of their lives. For example staff supported them in the least restrictive way possible, and the service's policies and systems supported this practice.
- Some care records included information about people's mental capacity whereas others did not. Staff subsequently were provided with variable information about people's needs in this area. A requirement about care planning has been made elsewhere in the report.
- Only one out of the five staff records assessed had evidence the staff member had received training in the MCA. A requirement about staff training has been made elsewhere in the report.

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.

At this inspection this key question was rated as 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

- People were treated with kindness and they were positive about staff attitudes. We observed staff spending time sitting with people and talking with them. Staff worked with people in a sensitive manner and with patience. People told us, "I am well looked after", "Staff are good", "kind", "wonderful" and "very caring." Relatives told us: "Staff always have a friendly welcome", "I cannot praise them enough", "Exceptional. Very, very pleasant" and, "Helpful and friendly." None of the relatives expressed any concerns or complaints.
- We observed positive interactions between staff and people who used the service. Staff, when they assisted people, always asked them how they wanted assistance; where necessary, asking permission; and always acting in a professional, kind and friendly manner. One person told us, "What I like is that staff ask me if I need help. They don't take over. They still let me be independent."
- People received regular opportunities to have a bath or a shower. Where people received support this was documented in people's care records. Relatives told us personal care seemed very good, people had regular opportunities for baths or showers, and, for example "(My relative) is always clean", and "My relative has a shower every morning."

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

- People told us they felt listened to about their day to day care for example what they wanted to eat, where they wanted to spend their time, and if they wanted to be involved in the activities provided. Throughout the inspection staff were observed consulting people about what they wanted.
- People could get up and go to bed at a time of their choosing. We observed the service had a flexible routine. People told us they could get up and go to bed when they wished. This was evident from our observations. For example, people came to have their breakfast at different times, and there was no rush for people to finish or be in a certain place at a particular time.
- Some people and /or their representatives said they had been involved in care planning and decisions about their future.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and staff were committed to providing the best possible care for people.
- People's dignity and privacy was respected. For example, staff were discreet when asking people if they needed help with their personal care.
- People were supported to maintain and develop relationships with those close to them.

Is the service responsive?

Our findings

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

At this inspection this key question was rated as Requires Improvement. This meant people's needs were not always met through good organisation and delivery.

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

- On the whole staff were knowledgeable about people and their needs. We were however concerned about awareness regarding risks to people, and lack of appropriate action to minimise these. These concerns are outlined in the 'Safe' section of the report. Not accurately recording the needs of people, for example when they were at risk of falls, meant staff were not able to identify people's current needs and provide them with suitable, safe and consistent care
- Each person had a care plan. Care plans for people who were staying at the service for respite (short stay), were limited to one side of paper but did contain relevant and concise information for staff to know how to assist people. The format for care plans for people living permanently at the service was comprehensive, and contained sections which provided the potential for recording a holistic picture of people's needs, and what assistance the person required. The manager said there was a plan to move to an electronic care planning system.
- Care plans inspected were not always fully completed or regularly reviewed. For example some sections were not fully completed and information about current needs was outdated and needing review. The manager acknowledged this was the case but said they had found it difficult to find the time to ensure they were up to date and accurate. This was due to the inappropriate staffing levels identified in the 'Safe' section in this report.

The failure to maintain accurate and complete records regarding people's care needs is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had introduced a new system of daily record keeping. These records were kept in separate files from the care plans. These records were detailed and had separate sections about how the person spent their time, what they ate, activities, personal care and so on. This system seemed comprehensive and useful.

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.

- Some people were cognitively impaired due to dementia. Some people had sensory impairments such as sight or hearing loss. We were told staff would read out, or verbally inform people, of relevant information if

necessary (for example personal correspondence, menus, service information).

- If people had sight loss the manager said, if people wished, audio books could be offered to people.

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

- The manager said the service was in the process of employing an activities organiser. The manager told us a musical afternoon and a keep fit session had taken place, using external facilitators. Staff also organised some one to one activities with people such as make up sessions, reading and jigsaws. People also went out with staff to the nearby park and town. During the inspection we observed several people go out, with staff, for one to one walks. We also saw staff working with one person to do some art work. We saw staff sitting with people and having a chat. However there was limited records of what group, or individual activities had taken place apart from in the daily records. People told us they were encouraged to participate in any hobbies and interests. A relative we spoke with said, "They are always doing something with (my relative), such as puzzles or reading."
- On the days of the inspection no structured activities were provided but staff did go out for one to one walks with some people, and staff helped people with jigsaws. The television was on but volume was very low and subtitles were not switched on. On one occasion the manager consulted people what they wanted to watch. On another occasion the manager suggested people may want some music. One person said they would like to listen to classical music and the manager put on Classic FM which created a pleasant, relaxed atmosphere. When asked about reading materials one person told us although some books were available to read, they would like the opportunity to have some magazines or a newspaper.
- People could receive or go out with visitors at any time, and visitors said they always felt welcome.
- The manager said people had not expressed any interest in religious observance, although visits to /from churches, chapels, temples and so on would be arranged as necessary.

Improving care quality in response to complaints or concerns

- The manager said there had not been any complaints made to the service. The service had a complaints procedure, and we were told if complaints were received these would be investigated and a record kept. Apart from the concern which triggered this inspection, CQC had not received any concerns or complaints about the service since it was registered in April 2019.
- People who we spoke with said they felt confident that if they did make a complaint it would be dealt with quickly. One person told us if they had a "niggle", they would be able to say something to staff and felt they would be listened to. However one person said one of the organisation's manager's had been dismissive about concerns raised about facilities and meals.

End of life care and support

- None of the people who lived at the service currently required end of life care. The manager said people regarded the service as their home and if any person had a terminal illness they would receive suitable support from the service and external professionals to remain at the service. Support from district nurses, GP's and other external professionals would be sought.
- Where necessary and appropriate staff discussed people's preferences and choices in relation to end of life care with them and their relatives. Any known preferences were recorded in care plans we inspected.

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 this inspection this key question was rated as Requires Improvement. This meant the service was not consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered provider is Lavender Court Care Home Ltd. The service was previously registered as Sunningdale House, and South West Care Homes Ltd was the registered provider until the home closed. The service was reregistered as Lavender Court Care home, and carried on by Lavender Court Care Home Ltd. from 28 April 2019.
- The provider had failed to ensure there had been ineffective leadership of the service which had led to the failings identified in this report. There service did not have a registered manager. The manager had been in post since September and has submitted an application to be registered with the Commission, this was being processed.
- The director of the registered provider had recently been appointed. The previous director of the company, and the previous registered manager had both left Lavender Court Care Home Ltd. The service had subsequently been subject to significant management change since its registration.
- People had not been assured services were free from risk and were of good quality. The provider and manager had failed to have effective systems which identified concerns with the quality and safety of care and services. For example, we have identified several concerns about staff recruitment, staff induction, training and supervision, staffing numbers, care planning and risk assessments. These concerns have failed to be identified by the provider's quality and monitoring systems. These failings stem from the time when previous management were in post as well as the current management personnel. The current manager was not supernumerary and did not have sufficient time to carry out their role effectively. This meant they could not address the issues they, and subsequently we, had highlighted. We were told by the provider the service was in the process of recruiting additional staff which would enable the manager to have more time to carry out her duties. However improvements are needed now to ensure people are free from the risk of inappropriate care. We are not confident the provider has good systems in place to enable this to happen effectively.

The provider's failure to establish satisfactory governance arrangements is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The current manager said they had worked very hard, and long hours to address issues they felt were of concern. They had also needed to assist care staff with providing hands on care. While it was clear there had been efforts to drive improvement in the service the provider's systems and processes are not yet established or embedded sufficiently to judge whether these will be effective or sustained.

- Staff, people and their representatives were generally positive about the manager. We did receive some comments that management could be a bit "chaotic." However some of these commentators said they expected things to improve as the new management established itself, and things in the service settled down. Staff said they were able to raise any concerns to the manager.
- The manager was aware of what matters they were required to report to the commission and had a satisfactory working knowledge of regulatory requirements.
- The nominated individual said the short term objectives were building links with the local community, developing the staff team, and slowly building up occupancy. We were told there was "no rush," to fill beds. We were told the service was being "very careful which people were being admitted," to ensure the development of the service was smooth.
- Staff had handovers between shifts. Detailed written handover sheets were kept. Good handovers helped ensure good communication between the team and consistency of care.

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

- The manager said their office door was "always open" and they wanted to ensure they were connected to life in the home. The manager said "As a nurse I want staff to look after people as I would look after my parents." The manager had been very involved in the day to day running of the service. Since starting at the service they said they had addressed some key priorities for the service such as arranging moving and handling training, recruiting additional staff and improving the day to day operation of the service.
- The manager said their ethos was to have, "A happy home for the staff and the residents, for it to be a safe, nice place for them to live...for people to be well cared for...for staff to be responsive to people's needs." They said the service was in a "transition phase with staff getting to know each other and for them to build the team."
- Staff said the team worked well together and they all enjoyed working at the service. Staff told us, "I love working here. I love the residents and getting to know the staff team better." A new member of staff said that colleagues were very supportive and "help me if I get stuck."
- Staff told us there had not been a staff meeting but one was planned on the second day of the inspection. The new nominated individual planned to attend this and to introduce himself to the staff group.
- Relatives said they always felt welcome when they visited, and staff were helpful when updating them about people's needs. All the relatives we spoke with were extremely positive about the service, and the care that people had received. For example we were told the service was "Exceptional," "I am really impressed," and "I can't fault it,"

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 manager had a good understanding of the duty of candour and said staff would always ensure apologies were given if things went wrong. The manager said they felt it was important to be honest and open.

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

- The service was welcoming and friendly. People and staff appeared to have positive, friendly and professional relationships.
- The manager said the team regularly consulted with people and relatives on an informal basis. The manager said they were planning to complete a survey to ascertain the views of people, relatives, external professionals, and staff.

Continuous learning and improving care

- The manager informed us that some audits were in place, for example in respect of infection control, medicines and cleaning. An audit of the environment was being completed on one of the days of the inspection. The registered provider had employed a Care Quality Compliance Manager to check standards at the service and bring about improvement as necessary.
- The manager said they were open to feedback, and felt this was important so the service could develop and improve.
- Staff told us that they felt able to raise issues with the manager if they had any concerns about how the service was run, or people's care.

Working in partnership with others

- The service was developing links with statutory bodies such as health service teams.
- The local authority was not commissioning care with the provider. The nominated individual said the registered provider hoped to develop links with the local authority in future so they would commission with the service.
- The local authority and health care professionals visited the service before and during the inspection period. They have on-going concerns about the care provided at the service. These concerns are currently being investigated. CQC has used the concerns raised as a basis for this inspection.
- People had opportunities to maintain positive links with their community, families and friends. For example the service is situated near to the town, local park and beach. People were encouraged to go for walks. People's relatives said they always felt welcome to visit and were able to visit or telephone at any time.

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 registered provider had not taken appropriate action to suitably assess and take appropriate action in relation to risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure accurate and complete records were maintained regarding people's care needs. The registered provider had failed to establish satisfactory governance arrangements.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had failed to ensure satisfactory recruitment procedures were followed when recruiting staff.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had failed to ensure satisfactory staffing levels and employ suitable numbers of care staff. The registered provider had also failed to provided staff with appropriate induction, training and one to one supervision to enable

staff to carry out their duties