

Quality Care UK Limited

Lavender House

Inspection report





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Brough
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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 caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 7 June 2017 and was unannounced. When we last inspected on 27 April 2016 we found breaches of legal requirements in Regulation 12, Regulation 15 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The breaches related to the safety of the premises and equipment, the premises not being properly maintained, not having adequate outdoor space that people using the service could safely use and the quality monitoring systems not identifying where improvements were needed. We received an action plan from the provider saying that improvements would be completed by June 2017.

We saw that some of the improvements had been made but found continuing breaches of Regulation 15 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the environment was not properly maintained and had no secure outdoor space for people. This was important as the service was positioned close to a busy main road and some people were living with dementia. In addition record keeping was not consistent and areas for improvement had not been identified which meant that the service was not learning from past issues and making improvements. We have asked the provider to send us a risk assessment of the environment and an action plan to show us how they are going to address these matters using our powers under section 64 of the Health and Social Care Act 2008.

Lavender House is a care home in the centre of Brough which provides accommodation for up to 32 older people, some of whom are living with dementia. At the front of the house there is a grassed area and car parking. An extension to the service is in progress.

There was a registered manager employed at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Throughout this report we will refer to the registered manager as 'the manager'.

There were safeguarding policies and procedures in place which staff were aware of. Staff had received training to support those procedures.

Risks to people's safety had not always been identified. There were areas such as the outside of the building that were not safe. Accidents and incidents had been recorded in detail and analysed with trends identified.

Staffing levels were sufficient to meet people's needs. Recruitment procedures were robust. Staff had the skills and knowledge to meet people's needs. They were supported through one to one supervisions.

Medicines were managed safely.

The staff worked within the principles of the Mental Capacity Act and requested that deprivation of liberty

safeguards be put in place where appropriate.

People's nutritional and hydration needs were met.

People were familiar with the building but it was not adapted for those people living with dementia. This would have more of an impact for new people to the service.

We observed many positive interactions between staff and people who used the service. People told us that staff treated them with respect.

Care plans were focused on the person but were not always fully updated following reviews.

Activities took place at the service but there were few meaningful activities for people living with dementia.

There had been no complaints about this service since the last inspection. There was a poster displayed telling people how to complain if they wished to do so.

The home was friendly and close knit. Staff were happy working at the service. There was clear evidence of partnership working particularly with healthcare professionals.

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 requires improvement.

Some areas of the environment were unsafe and the risks to people resulting from this had not been identified.

Medicines were managed safely.

Staff were aware of how to safeguard adults and there were clear policies and procedures in place for them to follow.

Requires Improvement ●

Is the service effective?

This service requires improvement.

The environment was not adapted to fully meet the needs of people who lived at the service and was not well maintained in some areas.

Staff had the skills and knowledge to meet people's needs. They were supported through supervision with a manager.

People's nutritional and hydration needs were met.

Requires Improvement ●

Is the service caring?

This service is Good.

Feedback from people was positive about the approach adopted by the manager and staff. We observed many positive interactions between people and staff.

Staff knew everyone by name and were respectful and friendly towards them.

People said that staff respected their privacy and dignity.

Good ●

Is the service responsive?

Good ●

This service is responsive.

People's care plans were individualised. They had been reviewed but not always updated.

Activities were taking place at the service on a regular basis although there were very few meaningful activities for those people living with dementia.

There had been no formal complaints to the service. The complaints procedure was displayed within the service.

Is the service well-led?

This service requires improvement.

Although some improvements had been made following the last inspection others had not.

The quality monitoring system used at the service was not effective and had not identified issues we found during the inspection.

There was a manager in post who was well liked and respected by people who used the service, relatives and staff. They were described in positive terms.

Requires Improvement ●

Lavender House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 7 June 2017 and was unannounced.

The inspection was completed by two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The area of expertise of the expert-by-experience who assisted with this inspection was in the care of older people and those living with dementia.

Prior to the inspection we looked at all the information we held on this service including statutory notifications sent to us by the provider. Notifications tell us about certain events that happen at the service so that we can monitor them. In addition, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan the inspection.

During the inspection we spoke with nine people who used the service and two relatives. 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 were also able to speak with a district nurse and a GP during the inspection. We spoke with the director, the manager, the cook, the domestic and two care workers. We looked around the service inside and outside, including visiting people's bedrooms with their permission.

We reviewed three care plans, observed medicines being administered, checked the management of medicines and reviewed documents relating to the running of the service. These included documents relating to the servicing of equipment and maintenance of the premises, and quality audits of the service. We inspected four staff recruitment records and training records. We requested a copy of the training matrix and the medicines policy following the inspection.

Following the inspection we contacted the local authority quality monitoring team and the local authority safeguarding team for feedback.

Is the service safe?

Our findings

People who were able to express an opinion and relatives had no concerns about safety. One person told us when asked if they felt safe, "Well I do actually." A second person said, "No problem" and a third told us, "Oh yes! I wouldn't stay five minutes if I didn't."

A relative told us, "[My Relative] is safe living at the service. [Relative] has a bed with raised sides so they are quite secure and, due to the locked doors at the entrance, there is no reason why I should be worried about them getting out."

At our last inspection in April 2016 safe systems were not in place to mitigate risks to people. At this inspection we saw that there were still some outstanding issues which meant that people were not always safe. Using our compulsory powers under Sections 64 of the Health and Social Care Act 2008 we have asked the provider to tell us how they propose making those improvements and to send us their plan of actions.

When we looked in one communal bathroom we found that the shower chair was dirty underneath. Flooring in toilets and bathrooms was not sealed at the edges so that debris could collect. We found several dirty raised toilet seats in people's private bathrooms and a rusting toilet frame. In one bathroom we found tiles missing, stained ceiling paper and the tiles behind the sink were coming away from the wall. When we looked in the shower room we saw that the shower tray was cracked. The shower adjustment tap was taped and when we tried to turn it we were unable to do so. The manager told us that the shower room was out of order. This was also the case for a bathroom which left only one bathroom in working order.

We saw that the kitchen had cleaning schedules in place and that the temperature of fridges and food was taken daily. The home had achieved a rating of 4 following a food hygiene inspection undertaken by the local authority Environmental Health Department in January 2017. The inspection checked hygiene standards and food safety in the home's kitchen. The environmental health officer had identified three areas for improvement within 28 days. These had not been fully completed and the time given had elapsed. We were sent evidence to show that the three areas had been completed the day after the inspection.

The property was next to a busy main road and the garden was at the front of the property. It was open plan with no security for those people living with dementia who were not able to go out alone.

We have asked the provider to supply us with a risk assessment of the environment and an action plan outlining what action they propose to remedy these matters.

We saw that one person had a call bell within reach so that they could call for assistance when required. Another person said, "When I ring the bell they (staff) normally come fairly quickly." We observed that although the staff were busy there were enough of them to meet people's needs. This was confirmed by people who told us, "There appears to be enough staff. They are well covered and always someone on hand in case of emergency." There was the manager, three care workers, a domestic and a cook on duty on the day we inspected caring for the 19 people who lived at the service. The manager was not using a tool to

align patients' care needs and staffing levels which would assist them in calculating exactly what staff would be required to maintain a safe environment at all times but they had a good knowledge of people's needs when planning rotas.

Systems were in place to ensure medicines administered by staff were ordered, stored and administered safely. We saw people who used the service received their medicines as prescribed. Medicines administration records (MARs) were used to record when people had taken their medicines. These were completed correctly. There were no controlled drugs (CD's) stored at the service. CD's are medicines which require stricter legal controls to be applied to prevent them being misused, being obtained illegally or causing harm. Medicine audits had been completed but where action was required it was not always clearly recorded. The medicine room and fridge temperatures had been recorded and were at the highest temperature recommended for storage. To ensure that medicines were not affected by the high temperatures the rooms would benefit from an air cooling system.

Care plans contained risk assessments which reflected when there was a risk to a person. However, they were not always up to date. For example, one person's relative no longer lived at the service but this was not recorded. This had no immediate impact on the person because staff were aware of what was happening in people's lives but there was potential for an impact if new staff started work at the service. On the whole areas of risk were identified and instructions for staff were clear.

There were safeguarding policies and procedures in place for staff to follow and staff were aware of how to alert the authorities if they had concerns. There had been one safeguarding alert made to the local authority which required no action. One member of staff told us, "If I was unable to alert a superior I would get in contact with CQC or social services." A second member of staff said, "People need to be safe and respected. Care needs to be delivered in a safe manner. We are very careful in the way we treat people. We are all of the same mind here. We are trained in safeguarding."

Staff recruitment was robust. Background checks had been completed for prospective staff prior to them starting work at the service. These included gathering two references and a check carried out by the Disclosure and Barring service (DBS). Some people had started their induction and training prior to the DBS being received but the manager told us they had been involved in their induction and had not worked with people who used the service. DBS provides information about any convictions, cautions, warnings or reprimands. The checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working in care services.

Maintenance and safety checks had been completed for all areas of the service. These included safety checks of electricity and gas, portable appliances tests and water safety. Records confirmed these checks were up to date. We saw that there was no documentation to show that the lift had been serviced. The provider sent us a current copy of a thorough examination of the lift which confirmed that the lift was safe. In addition, there was a fire risk assessment and tests of fire safety and fire-fighting equipment which showed them to be fit for purpose. People who used the service had Personal Emergency Evacuation Plans (PEEP's) in place which enabled staff to give more person centred support in the event of an emergency evacuation of the premises. When we spoke to staff they were able to tell us about the evacuation procedure at the service. This meant that the provider had considered people's safety at the service in the event of a fire or other emergency.

Accidents and incidents had been recorded in great detail. These had been analysed and trends identified.

Is the service effective?

Our findings

People told us that staff were skilled and knowledgeable. One person who used the service said that they considered staff to be well trained and said, "Manual handling is good." A second person described the staff as, "Helpful" and a relative considered the staff were, "All very well trained and aware of the needs of residents."

At our last visit we had noted that the environment was not well maintained. At this inspection we found that although some improvements had been made further work was needed. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Using our compulsory powers under Sections 64 of the Health and Social Care Act 2008 we have asked the provider to tell us how they propose making those improvements and to send us their plan of actions.

When we looked around the service we saw that the furniture in the lounge area was worn. Two of the small tables in the lounge area had chipped veneer in one corner with the chipboard underneath exposed which had a sharp edge. This would present cleaning difficulties and could present a risk of injury. Chair raisers which were used on one chair had food spilt inside them. They had not been removed for cleaning. An armchair chair had split material and a pressure cushion which was worn had become wet. The registered manager removed this item immediately.

The car park had potholes and there were items left laid at the side and back of the building along with old equipment, a cherry picker, a car with a missing wheel and a caravan. The last time we visited the service we had asked the provider to remove items and some had been taken away. However, some items remained which could prove hazardous to people. Because the external environment was unsafe for people living with dementia we were told by the manager that people went out when staff were available to supervise them. People were unable to walk freely outside the building which meant that people living at the service did not experience the numerous health benefits of being outdoors such as improved mental health, production of vitamin D and space to walk for those living with dementia

The service was not decorated in a dementia friendly fashion but a lot of the people at the service had lived there for many years and were familiar with the environment. However, people living with dementia moving into the service may struggle to find their way around. There was no pictorial signage to aid people in finding their way. There was a handwritten notice on the wall in the dining area indicating 'Toilet this way' with an arrow pointing in the direction of the door. It was not particularly prominent and, being handwritten, might not have been easy to read by those it was designed to assist.

People had good access to healthcare professionals. During the inspection we spoke with a community staff nurse who told us, "I have no worries. The service is stable. I am absolutely confident in staff. People are well looked after." A GP also visited and confirmed this view saying, "Our patients are well cared for here. Staff follow through what I say."

All of the staff we spoke with had completed an induction when they started work at Lavender House. This

included training on different topics including safeguarding, moving and handling and fire safety. As part of their induction training, staff were required to complete shadow shifts where they observed a more experienced member of staff carrying out their role. One care worker told us, "[Name of manager] showed me everything."

The training matrix and staff certificates we saw confirmed that staff received on-going training. This helped the manager ensure that staff kept their knowledge up to date. One person told us, "They [staff] assist me the right way; they know the techniques." Staff received support from the manager through supervision and team meetings and staff felt they were well supported. Supervision is a meeting where a senior person supports staff and enables them to explore their practice, development needs and issues that are relevant to their work. One staff told us they had supervision every month. Records we examined showed that most people had regular supervision.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found that the manager was aware of their responsibilities in regards to DoLS. DoLS applications had been made to the local authority and we saw emails confirming receipt of the applications They were working within the principles of the MCA. Staff told us they had completed MCA training and we found that they had the appropriate levels of knowledge regarding MCA for their roles. We observed that staff asked people whether they needed support and only gave support when people wanted them to.

Some people ate meals in the dining room, but there were not enough places for everyone to sit at a table. This meant that some people stayed in their armchairs with a table and ate their meals there or had them in their rooms. This did not give people a choice of where they would like to sit to eat their meal and impacted on how often people moved around.

We observed the lunchtime experience in the main dining room and adjoining lounge. Tables were set with tablecloths and placemats and there were condiments available on each table. The menu was displayed on a blackboard although there was no choice of main meal listed. However, fifteen people were living with dementia at the service. They would have benefitted them from having pictorial information about food or being shown meals that were on offer. When one person said they did not want what was on offer the cook offered an alternative. There was a choice of dessert. The meals were cooked in the service kitchen.

It was apparent that the staff were familiar with people's portion size requirements as food was served on large plates, small plates or bowls as needed. People were offered hot and cold drinks and one person was given a beer. People told us they enjoyed the food and one person told us, "Pretty good; can't grumble. Not sparse with the food; nicely cooked." One person described the food as, "Good" but thought it could be "A bit repetitive." A third person said, "They will find something else if you're not keen [on what was offered]." The visitors, who regularly had lunch with their relatives, expressed their satisfaction with the food. Staff

provided assistance for people in a respectful way. If people required their food to be cut up this was done at the table by staff. People were left to spend as long as they needed to eat their food.

We saw that staff had completed nutrition screening tools for people to determine if they were at risk of malnutrition. People's weight was monitored according to the level of risk. When weight loss was identified, we saw that this was discussed with the GP or dietician and a plan was implemented to ensure a person's nutritional requirements were met.

Is the service caring?

Our findings

People who used the service were positive in their feedback. One person who used the service described staff as, "Very nice, polite and helpful." Another person said, "They are all very friendly; good at their job." A relative said, "Staff have tremendous patience with residents."

We observed many positive interactions between people and staff. All the staff knew everyone by name and were calm, patient and friendly in their approach. We saw the manager kindly remind someone twice about an appointment that day. Just before they left for the appointment she made sure a care worker brought them a sweater to maintain their comfort.

Staff had good relationships with people although most of their interactions were task led. Staff had no time to sit and talk to people during the inspection although they chatted in a friendly way as they provided people with support.

Life Story documents gave a detailed overview of people's lives which helped care workers have a good understanding of each person. The daily routine care plan gave good detail about people's preferences and how they preferred their care to be provided such as one person liked to have a specific newspaper each day.

People told us that staff respected their privacy and dignity. One person said, "They [staff] always knock before they come in. I was surprised at that." People were comfortable interacting with staff and there was a warm, friendly atmosphere. People's dignity was compromised to some extent because the provider did not ensure the environment was pleasant and promoted their well-being. However, one care worker told us, "I know the building isn't great but the care is good." A visitor said, "Not the poshest of places but it's clean and the food good. People who used the service made similar comments and expressed satisfaction with the service.

According to a notice displayed in the dining area a monthly residents meeting was held on the last Thursday of every month at 2.00 p.m. No-one we spoke with had any knowledge of these meetings and nor did their visitors. One visitor told us, "There are no collective meetings' of relatives/representatives at the service." However, we saw meeting minutes for January, February and March 2017. In addition the manager made themselves available to speak with people every Thursday afternoon. People would benefit from these arrangements being advertised more widely in order that attendance improved.

Families were welcomed into the service and were able to visit at any reasonable time. They were able to join their friends and family for meals and were offered drinks during their visit.

People were encouraged to vote. There were notices posted in various places throughout the lounge and dining area advertising the election. One notice advised that assistance would be offered to get to the polling station for people who did not have a postal vote. This kept people engaged in current affairs and ensured their right to vote was upheld.

Is the service responsive?

Our findings

Care plans highlighted people's needs and reflected their preferences. They had been developed from an initial assessment of need carried out by a senior member of staff. The care plans covered areas such as daily routines, personal support, dietary requirements, mobility, continence, communication and mental health. There was an assessment of people's cognitive abilities but there was no specific care plan for dementia or guidance for staff about how best the person could be supported. However, any issues around confusion or behavioural challenges had been identified and risks were minimised because staff clearly knew people very well.

Care plans were reviewed regularly but the care plans and risk assessments had not always been updated to reflect any changes and were not always signed and dated. This made it difficult to ascertain the relevance of each document.

People's daily routines and interests had been identified giving good detail of people's preferences and how staff could provide support. A 'Life Story' document detailed people's history which enabled staff to build up a full picture of the person.

Group activities had been organised but specific activities for individuals were not routinely planned. We saw a report written by Healthwatch which identified that they saw staff sat outside with people on the day they visited the service. However, despite being a warm day when we inspected no-one was taken to sit outside. People would benefit from meaningful dementia friendly activities as well as being able to access the outdoors more freely.

There was a list of daily activities for each afternoon in the week indicating quizzes took place on three afternoons, a music afternoon, movement to music, a 'what's in the news' activity and dominoes/card games/skittles. One person told us that he and his relative had been asked if they wanted to go down to a musical afternoon once in the three to four weeks they had been living at the service but they did not wish to attend. There was no evidence of any activities during the morning of the inspection although people were visiting a hairdresser who was in the service that day. We did observe a reminiscence activity with a group of people during the afternoon. This was led by a member of staff.

One relative told us there was a quiz once a week and a singer, once a month. They also said that they [staff], "Made a fuss of Christmas, Valentine's day, Mother's day and they [staff] would put up bunting." They said they had been particularly impressed with the efforts made at Christmas. They went on to say that their wife had been resident for approximately 12 months and they were not aware of any outside trips during that time but there was going to be a trip to Beverley in the near future.

A second relative mentioned that there had been a visit from an owl sanctuary which they thought was a, "Good idea." They said there had been an outing to a local event recently but there were no regular outings. They told us that people came in to sing from time to time.

A person who used the service told us they were happy that Wi-Fi was available so they were able to read

their newspaper on their i-Pad in their room.

People we spoke with told us they had no reason to complain about the service. One person told us, "I have never made a complaint." Other people said they would speak to the manager if they had any complaints. A relative said she had no complaints. We saw that there was information about how to make a complaint displayed in the entrance hall. There had been no formal complaints at the service since the last inspection. The manager told us they dealt with any minor issues as they arose. It would be of benefit to the manager if these minor issues were recorded so that it was clear how they had been resolved.

Is the service well-led?

Our findings

Lavender House is one of two services registered with CQC by Quality Care Limited; the provider. There was a registered manager in post which was a condition of the registration for this service. Services are required to display their current rating in the location and on their website. We saw that the rating for Lavender House was displayed in the service's entrance hall but as they had no web site it was not required to be displayed online.

At our last inspection we had identified breaches of regulation and although some areas had been addressed there were still shortfalls and two breaches of regulation remained.

There was a quality assurance system in place which incorporated detailed audits and checks of different areas, the service delivery and any corrective actions taken. However, none of the short falls we identified during the inspection had been highlighted in the any of the audits carried out by the service. For example, the safety audit list provided to us by the manager was not dated or signed and had only identified trip hazards from carpets. It had not identified any other environmental or safety issues. This meant that the audits and checks were ineffective as they had not identified areas for improvement.

In addition, we had identified when checking documents that recording was not always up to date or signed and dated. There had been some improvements since the last inspection but inconsistent recording remained an issue in some people's care plan documents.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff told us they considered that the service was well led and expressed confidence in the manager. One member of staff told us, "The manager is good. [Name of manager] is flexible. If we need help we will get it." Another said, "I think is [well led]. [Name of manager] gives proper support and staff and service users are protected."

A person who used the service told us, "She [manager] is more like a friend than a manager. I see her a couple of times a day" and another said, "Fine, speak to her regularly; always available."

A relative told us, "First class – can't speak too highly of [manager]; friendly, caring but also runs a tight ship" and a second said, "I know her pretty well. Very understanding, very kind."

The staff felt that this was a supportive service with a family atmosphere. Staff told us about the service with one saying, "It is a nice place to come and I feel safe working here." Another told us that everyone was supportive. A third member of staff said, "It's very close. I enjoy coming to work. It's one of the best care homes I've worked in. I know the building isn't marvellous but the care is good."

The staff said they were encouraged to put forward their views and question practice. One said, "We can quite comfortably put our views forward." Staff meetings were held but these were infrequent. However,

discussions between the manager and staff took place each day.

After discussions with a community staff nurse and a GP during the inspection it was clear that the service worked in partnership with healthcare professionals. Both of these medical professionals were confident in the manager and staff and how they provided the service.

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	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The premises were not always clean, secure, or properly maintained. People were not able to freely enter or leave the premises to access outside space. The registered person had not maintained appropriate standards of hygiene.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not operated effectively to ensure compliance with the regulation. They did not enable the provider to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity or monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. The provider did not maintain an accurate, complete and contemporaneous record in respect of each service user.</p>