

# Jiva Healthcare Limited

# Lavender House

## Inspection report

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### Ratings

#### Overall rating for this service

**Good** 

Is the service safe?

**Good** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

### Overall summary

We inspected Lavender House on the 7 September 2015. Lavender House is a residential care home that provides care and support for up to 18 people living with past and present mental health needs. On the day of the inspection, 18 people were living at the home. The age range of people living at the home varied between 40 – 70 years old. Predominately people required support with their mental health, support was also needed in relation to diabetes, sight impairment and physical healthcare needs.

Accommodation was provided over three floors. A lift was in place, but was decommissioned and not used by anyone living at the home. Everyone living at the home could safely use the stairs. Located in Hove, the home

provides access to the city centre and seafront. There is good access to public transport which was regularly used by people living at Lavender House. During the course of the inspection, people were seen coming and going independently, going out with staff and spending time in the home's garden. People spoke highly about living at the home. One person told us, "We all get along like one big happy family."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

At the last inspection in August 2014, we asked the provider to take action to make improvements in the management of medicines and the quality assurance systems of the home. This was because the stock levels of medicines were not consistently checked and prescription medicines were not always administered in the presence of two care staff. The provider had also not identified essential training that staff required to provide effective mental health care. The provider was in breach of Regulations 10 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 now Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by 27 February 2015. At this inspection, we found improvements had been made and the provider was no longer in breach of the Regulations.

People and staff felt the home was sufficiently staffed. One person told us, "There is always staff around." One staff member told us, "There is definitely enough staff." The provider was in the process of implementing measures to demonstrate that one member of staff at night to 18 people was safe and the home could safely be evacuated in the event of a fire at night.

There was strong leadership at Lavender House. The registered manager communicated a strong ethos focusing on person centred care and ensuring a good quality of life for the people. Staff told us they felt valued and appreciated for the work they did by the management team. The home promoted a culture whereby people were recognised for their individuality and a calm and relaxing environment was maintained.

Staff received training to help them undertake their role and were supported through regular supervisions and appraisal. Staff had training in working with the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff had a strong understanding of what good mental health care consisted of. One staff member told us, "It's about empathy and knowing the person."

Medicines were stored, administered, recorded and disposed of safely. Staff were trained in the safe administration of medicines and kept records that were accurate. People were also supported to self-administer their medicines independently.

A collaborative approach to managing risk was fostered with staff, the provider and registered manager working in partnership with people to manage behaviours that challenge. Staff recognised the importance of promoting people to take positive risks and the provider adopted an overall positive approach to risk taking whereby staff enabled people to live independent lives with minimal restrictions.

A person centred approach to safeguarding was adopted. Staff worked in partnership with people to ensure people lived free from harm and abuse. The registered manager encouraged a firm focus on prevention with specific risk assessments in place identifying any possible safeguarding concerns. When safeguarding concerns were raised, staff worked in an anti-oppressive manner (manner which acknowledges oppression), gaining the views of people and ascertaining what outcome they wished to achieve from the safeguarding. All possible associated risks were explored and mitigated.

People's equality and diversity was respected and upheld. Staff called people by their preferred name and people were encouraged to treat the home as their own. People were seen opening the front door to visitors and spending time how they wished. Staff understood the importance of respecting people's dignity. Staff knocked on people's bedroom doors and recognised that it was their private space. The provider recognised the importance of animals and how animals can bring companionship to people. One person had their cat with them which provided them with comfort and reassurance.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

## Summary of findings

People were supported to make sure they had enough to eat and drink and their nutritional needs were met to ensure they stayed healthy. They told us they enjoyed the food prepared at the home and had a choice about what they ate.

People were encouraged by staff to be independent, and maintain hobbies and interests that were important to them. People were supported and encouraged to access their communities. One person told us, “I went out to a dance last Friday with the manager.”

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Lavender House was safe. Staff worked collaboratively to manage risk and people keep safe. There was an outstanding focus on promoting people's rights, minimising restrictions and enabling people to take positive risks. The provider and registered manager promoted good practice in safeguarding. There was a clear focus on prevention alongside person centred responses to any allegations of abuse or harm.

Medicines were stored safely and people were enabled to self-administer their medicines. Guidelines were in place for ordering, recording and disposal of medicines.

Recruitment practice was safe and staff of the right calibre was employed. Before staff were employed, people were asked for their feedback on potential staff to ensure they felt comfortable with new staff members.

Good



### Is the service effective?

Lavender House was effective. People felt staff had a firm awareness of their mental health needs. Staff also recognised that people's physical healthcare needs should not be overlooked. Staff received training which enabled them to carry out their job roles effectively.

Staff had received essential training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

People were encouraged to be independent with cooking. Support was also provided to ensure people received a healthy diet. Access to food and drink was available throughout the day

Good



### Is the service caring?

Lavender House was caring. People were complimentary about the nature of care they received. People's individual needs, likes and dislikes were well understood by staff.

Staff had spent considerable time forming friendships with people and building trust. Empathy was demonstrated in each staff interaction and people's equality and diversity was respected and upheld.

There was a strong ethos of promoting independence and individuality within the home. Mechanisms were in place to involve people in the running of the home.

Good



### Is the service responsive?

Lavender House was responsive. Each person had a key worker with particular responsibility for ensuring the person's needs and preferences were understood and acted on. Staff adopted a culture of person centred care and people were recognised for their individuality.

People were supported to participate in meaningful activities and support was provided to encourage people's inclusion in the community. Communication was seen as key in providing effective and responsive mental health care.

A complaints policy and procedure was in place. People felt able to raise any issues or concerns and were confident their concerns would be acted upon.

Good



# Summary of findings

## Is the service well-led?

Lavender House was well-led. People and staff spoke highly of the leadership style of the registered manager. People felt the home was well run and the provider regularly sought the feedback of people, staff and stakeholders.

The home operated in a culture of honesty and transparency. A quality assurance framework was in place to monitor and review the running of the home. The provider, registered manager and staff were committed to running a mental health care home that provided a calm and relaxing environment and met the individual needs of people

Good



# 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 was planned to check 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 was an unannounced inspection on 7 September 2015. It was undertaken by two 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 service. During the inspection, we spoke with 10 who lived at the home, four members of staff and the registered manager. We also gained feedback from healthcare professionals (Contract Officer and Mental Health professional) before the inspection.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority, looked at safeguarding concerns that had been made and notifications which had been submitted. A notification is information about important events which the provider is

required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). A PIR 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 looked at areas of the building, including people's bedrooms, the kitchens, bathrooms, and communal lounges and the dining room. We spent time sitting with people in the communal lounges, talking and interacting. We also spent time observing the delivery of care and support in the communal areas.

During the inspection we reviewed the records of the home. These included staff training records and policies and procedures. We looked at six care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Lavender house. This is when we looked at their care documentation in depth and obtained their views on how they found living at Lavender House. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

# Is the service safe?

## Our findings

People told us they felt safe living at Lavender House. One person told us, “I feel very safe living here.” Another person told us, “I know that I am safe here.” People commented they felt content with the environment and that their individual care needs were safely met.

At our last inspection in August 2014, the provider was in breach of Regulation 13 of the Health of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 now Regulation 12 of the Health of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the legal requirements of administering medicines were not consistently being followed. The stock levels of medicines were not checked on a regular basis. Improvements have been made and the provider is now meeting the requirements of the legislation.

People’s medicines were managed safely. People told us they received their medicines on time and felt confident in staff’s ability to administer medicines. There was one dedicated locked clinical room which was appropriately equipped so that medicines could be kept safely. Medicines were ordered in a timely fashion from the local pharmacy and Medication Administration Records (MAR charts) indicated that medicines were administered appropriately. MAR charts are a document to record when people received their medicines. Records confirmed medicines were received, disposed of, and administered correctly. People were prescribed ‘as required’ (PRN) medicines and there were clear protocols for their use. Medicines were only administered by staff who had received training on the safe handling of medicines and training schedules confirmed this. Staff members commented they felt confident in administering medicines and worked in partnership with the local pharmacy.

Helping people to look after their own medicines is important in enabling people to retain their independence. People had individual blister packs which enabled them to safely administer their medicines independently. With staff support, people also managed their insulin injections independently. Assessments were in place to manage the risks associated with the self-administration of medicines. One risk assessment identified that if the person was feeling low in mood, to immediately review their ability and the safety of them self-administering their medicines.

A human rights-based approach to mental health care and positive risk taking was adopted by staff. Staff firmly recognised the benefits of taking risks and encouraged people to take day to day risks (such as going out independently or cooking). The registered manager told us, “We make things as relaxed as possible and only step in when needed. This then promotes their independence and builds confidence.” Staff and the registered manager told us of one person who could be very frightened and distressed and in turn rarely left the home. Staff advised that through positive risk taking, the person is now going out with staff support and building confidence. One staff member told us, “We ascertain with the person how they would feel about taking the risk, what makes them unsure and what the benefits could be.” Another staff member told us, “Me and you take risks every day, just because someone has mental health needs, doesn’t mean they can’t too.” People commented they went out and about independently, could cook when they so wished and were encouraged to treat the home as their own. One person told us, “I go up to London every week by myself and I’m looking at moving out soon.” Staff firmly believed that people’s rights should not be restricted, but recognised risk management plans may be required. One staff member told us, “I support one person to go out and about. I identified I was automatically taking their arm when walking. So I spoke to them about it and what support they wanted from me when we go out. In turn this empowered them to build their confidence, whilst ensuring any risk of harm is minimised.”

Risk assessments and risk management are an integral part of good quality mental health care. Risks to people were assessed and developed over the time. The registered manager and staff told us how risk assessments were personalised to the person, based on their needs, history and personality. Risks assessments included; risk of suicide, violence, neglect and risk of fire. For one person, staff had identified they were leaving food on their windowsill for pigeons. In return the pigeons had entered their room. Staff recognised the health implications to the person the pigeons could cause and implemented measures to prevent the pigeons from returning. Staff also recognised that for one person if they began slapping themselves on their stomach or head, this indicated they were frustrated. Guidance was in place for staff to follow on



## Is the service safe?

how to manage this behaviour which included, 'promoting stimulation and activity, not to directly talk about the slapping and to engage with the person about topics they enjoy.'

Considerable time and dedication had been spent in understanding and assessing risk to people. Thorough consideration was also given to behaviours which may challenge and what may trigger those behaviours. The provider and staff commented that through developing relationships with people they were able to explore those triggers and ascertain how best to respond in a personalised manner. The registered manager told us of one person who could become verbally aggressive if people took advantage of them. Another person could suffer with paranoid delusions. Staff identified that when experiencing the delusions they could become aggressive and they felt people were trying to harm them. Management strategies included for staff to spend one to one time with the person and reiterate that the delusions are not real and that they are safe.

When people expressed behaviours that challenged, staff maintained a calm environment, ensuring the safety of other people, the person and themselves. One staff member told us, "We use de-escalation techniques, talk the person down and remove them from the situation. We advise that their behaviour is not acceptable and if they are aggressive, the police are called." The registered manager recognised that everyone has the right to live free from harm and abuse and any altercation between one resident and another would be recognised as assault. The registered manager told us, "We usually recognise the signs where someone is becoming aggressive or challenging, they can be withdrawn or more vocal. Early recognition enables us to intervene and de-escalate the situation. However, there are occasions, where people display behaviours that challenge with no prior warning."

Staff worked collaboratively to analyse what may be causing unexplained behaviours that challenge. Together they analysed and explored various factors. Staff were sensitive of people's race, culture and spiritual needs when considering the triggers and explored whether people's cultural backgrounds could be causing the unpredictable behaviour. One staff member told us, "I had a few days off and I thought of something which could be causing the unpredictable behaviour. I told the manager who explored it and we think that could be it." The registered manager

recognised the importance of a team approach to managing risk. When altercations between people occurred, the registered manager worked in an anti-oppressive manner, seeking the views of people involved. The registered manager and staff ensured that people's voices were heard and support was provided. Where people had been assaulted, staff informed them of their rights to call the police and press charges if they so wished and worked with them to ensure they felt safe in the home. Following any altercation, staff and the registered manager thought through ways of addressing the possible risks. This demonstrated that safeguarding concerns were acted upon and taken seriously and strategies around risk management were thoroughly considered and implemented.

Feedback from a mental health professional spoke highly of the provider's management of risk and safeguarding. They told us, "I found the practice to be of a very high standard. The staff team had thought through how to sensitively raise concerns and communicate this with service users, pitched to a level they could understand. This promoted clear communication and was sensitive and inclusive of the service user. As regards to the safeguarding process, they had already thought through every conceivable way of addressing the risks and we were able to freely explore all angles and ideas around risk reduction. I think the team has built a new culture and the manager has been a massive influence as they are calm, reflective and anti-oppressive in how they relate to the staff as well as the residents. This is very much the gold standard we hope for!"

A person centred approach to safeguarding was promoted. The registered manager and staff recognised the importance of reducing the risk of safeguarding but also focusing on ways people could safeguard themselves. The registered manager told us, "We consider all possible risks and through working with the person identify any possible safeguarding concerns and how best to minimise those." One person's risk assessment clearly identified possible safeguarding concerns and the signs for when a safeguarding concern should be raised. When staff raised concerns, they worked in a personalised manner, engaging with the person, ascertaining what outcome they wished to achieve and how best to achieve it. Staff understood that



## Is the service safe?

people were experts in their own lives and worked in partnership with them. Following one incident, staff spent time with the person to ascertain how they felt and what they wanted to happen.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview and before they started work, the provider obtained references and carried out disclosure and barring service (DBS) checks. DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with the people they care for. One staff member told us, "I saw the advert and it was the line 'developing therapeutic relationships with people' that caught my attention and led me to apply for the job." The registered manager told us, "When recruiting the right calibre of staff, we don't necessarily go on experience, we go on the person's personality and how they interact with people. There are two stages to the interview. The first stage is the face to face interview; we then take them round the home introducing them to the residents. We see how they interact and gain feedback from people. This helps us determine if they are of the right calibre."

Systems were in place for the monitoring of health and safety to ensure the safety of people, visitors and staff. For example, monthly fire alarm tests, monthly water temperature tests and regular fire drills were taking place to ensure that people and staff knew what action to take in the event of a fire. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

People and staff felt Lavender House was sufficiently staffed. One staff member told us, "There is definitely enough staff." Another staff member told us, "We have time to take people out and do one to one things with people." Throughout the inspection, we observed staff spending one to one time with people and supporting people to go out and about. People's care needs were met in a timely manner and staff commented they never felt rushed or under pressure to meet everyone's individual needs.

# Is the service effective?

## Our findings

People felt staff had a firm understanding of their mental health needs. One person told us, “When staff see us becoming unwell they intervene.” Another person told us, “Staff are very aware.” Another person told us, “Staff are very supportive, you can approach any member of staff if you need to.”

At the last inspection in August 2014, the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 now Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because mechanisms were not in place to identify the training needs of staff. Staff had not received vital training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Improvements had been made and the provider is now meeting the requirements of the Regulations.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS is for people who lack the capacity to make decisions for themselves and provides protection for people ensuring their safety and human rights are protected. The MCA 2005 is a law about making decisions and what to do when people cannot make specific decisions for themselves. DoLS applications had been appropriately made. The registered manager was aware of the legal process they were required to follow and sought advice appropriately from the local supervisory body. On the day of the inspection, three people had DoLS authorisations in place. Staff members had a firm understanding of who was subject to a DoLS and what it meant for the person. Despite having DoLS authorisations in place, the registered manager and staff recognised that the impact of the DoLS authorisation did not infringe on their freedom or independence. Staff regularly provided assistance so people could go out and about. Where staff held people’s cigarettes (part of the DoLS authorisation), staff ensured they received their cigarettes on a regular basis and any restrictions imposed were in the person’s best interest and the least restrictive. The registered manager told us, “We work under the ethos of having a calm and relaxed environment with minimal rules and restrictions.” Where staff held people’s cigarettes or personal allowance, documentation was in place which

confirmed the person had consented to this arrangement. The registered manager told us, “One person specifically asked us to look after their cigarettes and we also support in rolling the cigarettes for them.”

Training schedules confirmed staff had received training on the MCA 2005. Staff understood the principles of gaining consent from people and recognised that people had the right to refuse consent. One staff member told us, “We always ask people if they are happy for us to support them.” Another staff member told us, “We give people’s options.” When people refused consent, staff advised they may try again later or see if another member of staff with another approach is more beneficial. One staff member told us, “People have to right to refuse. We monitor this, record and raise concerns when necessary.”

People were able to make choices about what they wanted to eat. Staff liaised with people about what they wished to eat for breakfast, lunch and supper. One staff member told us, “We give people options, but if they don’t fancy the options, we have alternatives. Like today, one person didn’t fancy what was on offer, so they looked in the freezer and they are having noodles instead.”

We spent time observing the lunchtime meal. The meal time was unrushed; staff interacted in a friendly manner and were aware of people’s needs. The atmosphere in the dining room during the meal was relaxed, quiet, but friendly and people chatted together if they wanted.

People spoke highly of the food provided. One person told us, “Meals are good with lots of diversity.” Staff also encouraged people to cook their own meals independently. One staff member told us, “If we’re in the kitchen cooking, we may ask people if they want to come and assist.” Some people freely cooked their own meals and staff ensured the ingredients were readily available. One person told us, “I like cooking my own food; I go out every day to the shops and cafes.” People had access to hot and cold drinks throughout the day. A coffee bar was available in the communal lounge where people could make their own drinks independently. During the inspection, people also made hot drinks for the inspection team. Where necessary people’s food and drink intake had been recorded and their weight monitored to ensure that their nutritional intake was sufficient to keep them healthy. When people had either lost or gained weight, action was taken. One person had gained 11 pounds in one month. Staff raised concerns that the weight gain may be in

## Is the service effective?

relation to an injection they receive, so liaised with the district nursing team. Where people also had any dietary requirements either related to their health needs, such as diabetes, or their own preferences this was met. Diabetic diets were provided along with vegetarian diets and diets around people's cultural beliefs.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support the needs of people living with mental health needs. The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Lavender House. New members of staff were completing the Care Certificate induction programme. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with care workers in mind, the Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff spoke highly of the induction programme. One staff member told us, "My background wasn't care, so it's been really helpful for me." New staff also undertook a period of shadowing experienced staff and did not work alone until they had been assessed as competent to do so.

The provider also had an on-going schedule of essential training for staff which included mental health awareness, conflict and aggression and challenging behaviour. Staff spoke positively of the opportunities for training. One staff member told us, "We can just go look through the training brochure and say what training we want to do."

Throughout staff's employment with the provider, on-going support and professional development was promoted. Staff received a yearly appraisal and supervisions. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Regular supervision provides an insight into what the role of the person being supervised entails, the challenges they face and what support they need. It is an aspect of staff support and development. Staff reflected they felt valued and

supported as employees. One staff member told us, "The manager really listens to us and we can make suggestions and they are always listened to and acted upon." Another staff member told us, "I am treated with respect and my opinion is valued."

People felt staff were effective in managing their healthcare and mental health care needs. Staff recognised that although people required support with their mental health, support was also required to ensure people's physical and health care needs were met. Each person had a physical health care plan which considered their mobility; skin, diabetes, teeth, pain and diet. A physical health log was used by staff to record when people were seen by the GP or district nurse and the outcome of those visits. Where people had psychiatrist's reviews and care coordinator reviews, the outcomes of those reviews were also recorded. The result of one psychiatrist review resulted in one person's medicine being reviewed due to the side effects of one particular medicine. People told us they were confident in staff monitoring their health and wellbeing, and also felt able to approach staff if they had any worries or concerns regarding their health.

Effective management and support of mental health requires a firm understanding of the person and their needs. Staff felt confident they provided effective mental health care. One staff member told us, "The training helps us understand mental health and how people may present if their mental health is deteriorating. If one person begins touching their nose this is an indication their mental health may be deteriorating." Another staff member told us, "Good mental health is about having a calm environment, building relationships with people, so they feel happy to talk with us and recognising the person for who they are. It's also recognising subtle non communication and enquiring how the person is." The registered manager and staff understood the importance of knowing the person and not allowing their diagnosis of mental health to define them.

# Is the service caring?

## Our findings

Positive, caring relationships had been developed between people and staff. People were complimentary about the caring nature of staff and how Lavender House felt like home. One person told us, “We all get along like one big happy family.” Another person told us, “Quite relaxed, just like home.”

The atmosphere in the home was calm and relaxing. The communal lounge was arranged with various sofas, so people could have quiet time, or spend time watching the television. The provider recognised the importance of having animals around and the companionship that animals bring. A fish tank was in the communal lounge and budgies were also present. With pride, one person showed us their cat that was living at the home with them. They told us, “I love having the cat here with me.” The registered manager and staff recognised the importance of creating a calm environment whereby people felt safe, relaxed and content. The registered manager told us, “For some this is their home for life. Therefore it is important they feel comfortable here and at ease.” People were encouraged to treat the home as their own and throughout the inspection, we saw people opening the front door, coming and going and spending time how they pleased.

With people’s permission, we viewed people’s bedrooms. They could bring their own furniture and decorate their rooms as they wished. One person told us, “I have the best room in the home.” Another person told us, “I really like my room and I feel very safe in it.” With pride another person was showing us their ornaments which were of great importance to them.

Staff acted in a kind and caring manner throughout our inspection. It was clear staff had spent considerable time building rapport with people, getting to know their likes, dislikes and personality traits. When talking about people, staff spoke with kindness and compassion. One staff member told us, “One lady always brings out a smile in everybody.” Another staff member told us, “We have one person who is so appreciative.” When talking to people staff directed their attention to the person they were engaging with and not being distracted or talking unnecessarily with someone else in their vicinity. They used the person’s preferred name, maintained eye contact and people responded to staff with smiles. When staff members came onto shift, they greeted everyone on their arrival. Warmth

and humour was evident in these interactions. Gentle touch was used to reassure and support people. When talking to one person, staff held the person’s hand whilst explaining and exploring what they wanted to do.

People’s equality and diversity was upheld and respected. Staff recognised people for their individuality and personality. One staff member told us “It is important to give them all time, not only to listen, but to actually hear what they are saying.” Staff and the registered manager clearly recognised the importance of empathy in mental health. Staff understood the importance of understanding the person’s perspective. One staff member told us, “We focus on building a relationship, allowing them to gain trust in us and recognising their thoughts and feelings.”

People’s privacy and dignity was respected. People held their own keys to their bedroom and could lock their own room. People told us they appreciated being able to lock their room and have their own privacy when required. Staff members understood the principles of privacy and dignity. One staff member told us, “We always knock and gain entry.” Another staff member told us, “When supporting someone to shower or bath, we step out of the room while they undress, ensuring the curtains are closed and the door is shut.” People’s personal care needs were treated with sensitivity and dignity. Following any personal care accidents, support was provided promptly with consideration to how it may affect their person’s feelings of self-esteem. The registered manager told us, “We are discreet when providing care and ensuring their privacy is maintained.”

People’s level of independence was consistently promoted and encouraged. One staff member told us, “We put boundaries in place to promote independence and always encourage people to do as much for themselves as possible.” Another staff member told us, “We work with people to encourage their independence. We may say, I’ll do that, but why don’t you try this. One person is now buttering the bread which is really positive.” Staff worked in partnership with people and one person told us of how they were now looking at moving on. They told us, “I’m starting to look at flats and getting my own flat which I’m looking forward to.”

People were consulted about the care and treatment they received and what they wanted to do. People told us they felt involved in their care and could always approach staff or the management team with any questions. People

## Is the service caring?

confirmed they were aware of their care plan and involved in the design and formation of their care plan. One person told us, “Key worker talks about care plan and then writes it up, if there are any problems when we read it then we can chat about that and have it changed.” Mechanisms were also in place to involve people in the running of the home. Resident meetings were held on a regular basis. These provided people with the forum to discuss any concerns,

queries or make any suggestions. Minutes from the last meeting in August 2015 documented that the summer BBQ was discussed, along with the idea of a clothes party; activities were also discussed along with the best place to get a takeaway. People commented they found of resident meetings helpful. One person told us, “Staff are quite responsive to our needs, like if we bring things up at the residents meeting they are usually dealt with.”

# Is the service responsive?

## Our findings

The registered manager and staff promoted a person centred culture. People were recognised for their individuality and staff responded to people's need in a responsive and personalised manner. One person told us, "I have a new key worker who has a nice personality."

Guidance produced by the Social Care Institute for Excellence (SCIE) advises that providing person-centred care and support places the individual and their needs, preferences and aspirations at the centre of care. Person centred care was adopted by all staff working at Lavender House. People were assigned a named key worker who was responsible for coordinating their day to day needs, supporting them with their mental health needs and working in partnership with them to achieve their goals. One staff member told us, "We meet with people on a monthly basis and go through their service user plan with them. This considers any goals or aims they are working towards or want to achieve." Goal setting in mental health is an effective way to increase motivation and enable people to create the changes they desire. Care plans considered what staff will do to help the person achieve the aim and what the person will do. For one person, their aim was to control their temper. The role of staff was to help the person calm down when agitated and the person's goal was to seek staff support and tell them the problem. Staff members told us that at the next monthly review, the goal would be reviewed. People commented they felt involved in their monthly review and enjoyed working towards their goals.

With pride staff members told us the achievements people had made. One staff member told us, "Our role is about supporting people to be independent. It's lovely when people come and tell us what they've done independently." Another staff member told us, "I worked with one person for a long time, supporting them to move out, get a job and live independently. They have now moved out and they thanked me for all the help. That's why I do the job."

Communication in mental health is an essential component of all therapeutic interventions and engaging with people with mental health needs. The registered manager and staff recognised the importance of communication and utilised different systems to ensure information was shared effectively and communication was at the heart of the service. Handovers took place

between each shift. This enabled new staff coming onto shift to be aware of any concerns, if people had any appointments or people were feeling unwell. We spent time observing the afternoon handover and saw that it provided staff with the opportunity to discuss people's progress and current condition with the management team, so they had the information they needed to support people's needs while they were on duty. A communication book was also in use which enabled staff to share information and follow up any concerns.

Engagement with meaningful activities can help make people feel valued, help people develop new skills and promote their identity. For people with mental health needs, engagement with activities can provide structure and promote well-being. The registered manager told us, "Big group activities don't tend to work in this setting, therefore we do one to one with people. Staff regularly take people out and do things that are important to them. I've taken someone on holiday for a couple of days. We find out what interests the person." Throughout the day, we saw staff going out and about with people along with staff doing things with people around the home. One staff member told us, "We do various activities with people; we do pamper sessions, go shopping with people or out for coffee. One person comes in and does a dance exercise class which people enjoy. We also ask people for their opinions on activities. The recent residents meeting, people told us they would like to do picnics, fish and chips on the piers and board games." Another staff member told us, "We do a quiz every Sunday which people enjoy and we have prizes."

Staff promoted people's inclusion and involvement in the local community. The registered manager told us, "We have recently started working with a local organisation that organises things and invites residents from other care homes. We recently supported people to attend a disco which was organised by them which people really enjoyed. One person told us, "I went out to a dance last Friday with the manager." People confirmed they took part in activities that were relevant to their interests both inside and in the community. One person told us, "I still really enjoy going to the theatre and going round the shops."

People told us they felt listened to and staff responded to their individual needs. People confirmed if they were not happy about something, they could approach their key-worker or the registered manager. One person told us,

## Is the service responsive?

“We can always talk to staff.” The registered manager told us they operated an open door policy and actively encouraged people to raise any concerns or discuss their worries. A detailed complaints policy was in place which

provided guidance on the management of complaints and the timescales in which complaints would be responded to. The provider had not received any formal complaints in over a year.



# Is the service well-led?

## Our findings

People and staff spoke highly of the registered manager. One person told us, “They run it really well.” One staff member told us, “He is a brilliant manager, we feel very supported and appreciated.” Another staff member told us, “The manager is very approachable as are all the staff.”

People and staff raised no concerns regarding the number of staff deployed. However, we questioned how the provider and registered manager determined that one staff member at night to 18 people was safe. We queried if a dependency tool was in place or what systematic approach was utilised in determining staffing levels at night. The registered manager told us, “We haven’t had any concerns raised at night regarding one member of staff.” Personal evacuation plans for people reflected some people would require assistance to evacuate the building in the event of a fire. We queried if a fire happened at night, would one member of staff safely be able to evacuate the building, call the fire brigade and manage people’s needs. We questioned what consideration had been given to this and how this risk was addressed. The registered manager told us, “Most people are independent and would be able to evacuate with no supervision and the staff member would contact management to request support.” A lone working risk assessment was in place for all staff members that worked night shift. This considered dealing with medicines, violence and fire safety. In relation to fire safety, the risk assessment identified that having a cordless phone would enable the member of staff to talk with the fire brigade whilst evacuating people. The provider had undertaken fire drills during the day but not at night to ascertain if one staff member could safely evacuate the building.

Documentation confirmed no incidences or accidents were occurring at night and feedback from people felt that the home had enough staff; therefore the risk to people was minimal. However, the provider’s quality assurance had not identified the concerns with staffing levels at night and not undertaken a fire drill at night to ascertain if one member of staff could evacuate the building, while calling 999 and calling management. The management team agreed this would be an area of practice to focus on and ensure all risks associated with one member of staff were mitigated.

There was a management structure in the home which provided clear lines of responsibility and accountability. Staff members were aware of the line of accountability and

who to contact in the event of any emergencies or concerns. Staff members spoke positively about the leadership and management style of the provider and registered manager. The registered manager provided leadership five days a week. A deputy manager also provided support and guidance. In the absence of the deputy manager or registered manager, a team leader was appointed to run the shift and be accountable. People and staff also spoke highly of the provider. One staff member told us, “He also visits weekly, has a chat with us and the residents.”

There were systems and processes in place to consult with people, staff and stakeholders. The provider sent out regular satisfaction surveys. This enabled management to monitor people’s satisfaction with the service provided. Feedback from a recent stakeholder questionnaire sent out in August 2015 included ‘I’m really impressed by the thought, care and time that goes into everyday interactions. I think needs are met in excess of the norm. This is due to the quality of care planning and actual interactions with residents which are sensitive, clear and collaborative.’ The questionnaire also identified that 100% of healthcare professionals felt they were made to feel welcome at the home. 100% of healthcare professionals also felt resident’s needs were met and that staff treated people with dignity and respect. Where healthcare professionals made any comments for improvement, these were acted upon by the provider and registered manager to help drive continual improvement. The provider had just sent out satisfaction surveys to people and they were in the process of being analysed.

Quality assurance systems were in place to monitor the running of the home and the effectiveness of systems in place. These included health and safety checks, medication audits and management reviews. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people who live at the home. The registered manager told us, “I meet with the provider every month and together we review the running of the home, the environment, staff, residents, paperwork, feedback, health and safety, medication and maintenance.” Minutes from the last management review in July 2015 documented that new staff contracts will be issued, new furniture that was required and the implementation of the new certified quality management system. As part of the management

## Is the service well-led?

review, incidents and accidents were also reviewed for any trends, themes or patterns. The registered manager told us, “We look at all the incidents and accidents for that month and see if there are any patterns or reoccurring themes.” Recent incidents identified ongoing concerns between two people in particular. The registered manager told us, “We are monitoring the behaviour, raising safeguarding concerns when necessary and continually exploring what may be causing the behaviours.”

Lavender House started operating as a mental health care home in 1982. The service has had a firm focus on providing a relaxing and calm environment for everyone living at the home. The registered manager told us, “We are a home for life, but also a home to promote and maximise independence. We get to know people and work with them at a pace that suits them.” The provider had a statement of purpose in place which detailed the governing philosophy and ethos of the home. This included, ‘We believe in treating each person as an individual and providing a bespoke service based on the needs and abilities of all those who live here. We aim to improve the independence of all service users as much as possible by working with them to develop realistically challenging care plans. Where possible we will try to help people move on from here into more independent accommodation, but we also recognise that this is not realistic for everyone.’

The home operated within a culture of honesty and transparency. Staff confirmed they worked collaboratively and approached things as a team. The registered manager told us, “I’m honest and open with staff and always seeking their ideas.” Staff commented they enjoyed working at the home and spoke with pride for the people they supported. The provider was continually seeking and thinking of ways to improve the running of the home and quality of care provided. The registered manager told us, “We are in the process of organising for occupational therapists (OTs) to have placements here. This will enable OTs to see the work we do and also see how OTs can improve the quality of life for our residents here.”

As part of having a dynamic and confident workforce, Lavender House had signed up for the Social Care Commitment. The Social Care Commitment is the promise to provide people who need care and support with high quality services. Employers and employees, across the whole of the adult social care sector, sign up to the commitment pledging to improve the quality of the workforce.