

Porthaven Care Homes No 2 Limited

Lavender Oaks Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lavender Oaks Care Home is a 'care home' providing personal and nursing care to people, some of whom may be living with dementia, at the time of this inspection. The service can support up to 75 people. The care home accommodates 39 people in one purpose built building.

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

The risk that people might experience avoidable harm were reduced by the provider. People's risks, including those associated with their healthcare needs, were assessed and plans were in place to mitigate them. Staff were trained to safeguard people and the provider followed clear safeguarding procedures. People's medicines were stored, administered, recorded and audited appropriately. Good hygiene practices meant people were protected from the risk and spread of infection. The service learned and improved following incidents were things had gone wrong.

The service continued to be well-led. Robust quality assurance processes were in place which identified shortfalls and drove improvements. People, relatives and staff were encouraged to share their views about care and support at the service. The provider continued to work collaboratively with other agencies and organisations to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 Good (published 15 November 2018).

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a separate investigation. As a result, this inspection did not examine the circumstances of the incident. The inspection was also prompted in part due to safeguarding alerts and CQC notifications raised by the Home Manager about falls. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. The provider had taken action to mitigate the risks and this has been effective. Please see the Safe and Well-Led sections of this report.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed from Good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lavender Oaks Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Lavender Oaks 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

This inspection was carried out by one inspector and one specialist nursing advisor.

Service and service type

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

Notice of inspection

This inspection was unannounced. Inspection activity took place on 24 June 2019.

What we did before 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. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service. We spoke with five staff and the registered manager.

We reviewed a range of records. This included six people's care records and medicines records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

After the inspection we reviewed additional information we received from staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they did not have concerns for their safety at Lavender Oaks Care Home. One person told us, "I feel safe here."
- The provider had clear safeguarding procedures in place. Staff were trained to protect people from abuse and understood the provider's safeguarding procedures and their roles within them.
- Where safeguarding concerns arose, the registered manager ensured that the local authority and CQC were promptly informed.

Assessing risk, safety monitoring and management

- People's risk of experiencing avoidable harm were reduced by the provider's systems and processes. People's individual risks were assessed as part of their needs assessments and where specific needs were identified risk management plans were put in place.
- Information was available in care records to guide staff around the risks associated with diabetes. All staff received diabetes awareness training and staff told us the signs they look for and the actions to be taken if people's diabetic health needs changed. Nursing staff carried out regular checks to detect changes in the blood sugar levels of people with diabetes.
- People were protected against the risk of pressure sores. Staff monitored people's skin, hydration, nutrition, continence and mobility. Where a risk to people's skin integrity was identified staff took action. This included supporting people with pressure relieving mattresses, regular repositioning, barrier creams and encouragement to mobilise. There were no pressure sores at the service at the time of our inspection.
- Where people presented with a risk of choking, we found risk assessments were in place. The management of people's choking risks including eating foods prepared to prescribed consistencies. Equipment was in place for use in the event of a choking incident. When we asked staff to demonstrate how they would respond to a choking incident they were able to do so immediately. This included the speedy preparation of a suction device.
- People who had poor appetites were protected from the risk of malnutrition. Staff weighed people regularly and where required, made referrals to dieticians and followed their guidance. This included fortifying foods to make them more calorie dense and providing regular snacks.
- People at risk of falling from their beds had their risk of harm reduced. Where appropriate, staff ensured people's beds were lowered to the lowest point. This minimised the height at which people could fall. For those at risk of falling out of their beds, crash mats were positioned beside people's beds and sensory alarms were in place. This minimised the risk of people sustaining injury and ensured staff responded quickly.
- Staff ensured the environment of the service was safe. Health and safety and fire safety checks were

regularly undertaken. Fire safety checks included tests of fire alarms, smoke detectors and emergency lighting equipment. Staff also carried out fire drills. This meant people were protected by the preparedness of staff to respond to a fire emergency.

Staffing and recruitment

- Staff were available in the numbers required to keep people safe. Staffing levels at the service were dependent upon people's needs. This meant staff were deployed to support people at times and locations where they were required.
- People had call bells in their rooms which could be used to summon staff when needed. Staff undertook half hourly checks of people who could not use call bells.
- Staff providing care and support at Lavender Oaks Care Home continued to be safe to do so. The provider assured themselves that staff were safe and suitable to deliver care and support by checking references, identities and criminal records.
- New staff completed a probationary period at the end of which the registered manager determined whether they were safe and suitable to continue in the role.

Using medicines safely

- People received their medicines safely from registered nurses and as prescribed.
- Nurses maintained accurate medicines records which were audited by the registered manager.
- Clear information was available within medicines records to guide nursing staff on the use of 'when required' medicines. This meant people received the medicines they required when their health needs changed.
- Nursing staff used electronic medicines administration records. A safety feature of the system was the prevention of unauthorised staff from accessing them. This protected people's personal and private information.

Preventing and controlling infection

- Staff maintained a hygienic environment for people. A housekeeping team ensured that people's rooms and communal areas were clean. This included undertaking a schedule of deep cleaning.
- People who used catheters were protected from the risk of infection by the appropriate hygiene practices of staff. Staff followed people's catheter care plans which provided guidance on checking and changing the device.
- Where people used hoists, they were provided with two slings to ensure one was always available when the other was being washed. Slings were not shared between people which reduced the risk of bacterial cross contamination.
- Staff received training in the prevention and controlling of infection and wore personal protective equipment (PPE) appropriately when supporting people with their personal care.
- Anti-bacterial hand gel was available in dispensers around the service for people, relatives' staff and visitors.

Learning lessons when things go wrong

- The registered manager and her leadership team met to discuss, reflect on and learn from incidents where things had gone wrong.
- Reflecting on incidents included an analysis of events which covered what happened, what didn't happen and what should have happened. Following this 'root cause analysis', action was taken to prevent recurrence. For example, following an incident in which a person did not receive their medicine as prescribed a new handover and auditing system was introduced.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- An open culture was promoted at the service and the registered manager actively gathered the views of people and relatives. For example, people were supported to meet together in residents' meetings where they discussed issues including the food service, activities, events and outings. Similarly, Relatives were supported to attend regular meetings at the service. These meetings were entitled Family Support Meetings and were used to exchange ideas.
- People and their relatives shared their views and preferences for the care and support being provided during care plan review meetings.
- The registered manager arranged for staff to attend team meetings. The records of team meetings showed discussions around a range of issues including electronic care records, staff rotas and hydration. One member of staff told us, "I find team meetings beneficial."
- The registered manager also held team meetings for night staff. These took place at night-time to maximise staff attendance and to ensure all staff were aware of people's changing needs.

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

- Staff and the registered manager were clear about their roles and responsibilities.
- The registered manager ensured that both the CQC and local authority were kept informed of important developments at the service.
- Learning was shared within the team when things had gone wrong. For example, following an incident involving a fall, the service created the role of 'falls champion' within the staff team. The falls champion liaised with external healthcare professionals and shared learning with colleagues. This meant staff were supported to keep up to date with best practice in falls prevention.
- The registered manager reviewed accidents and incidents at the service to identify trends and patterns. Where necessary the registered manager took action to reduce the risk of incidents happening again.
- People were supported to have assessments which included their cultural and spiritual needs to ensure their care and support was in line with their preferences.

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

- A range of quality assurance checks were undertaken and reviewed. These included survey results, care

records, staff training and the care home environment. The provider organisation also undertook quality audits of the service. Where improvements were identified action plans were put in place and reviewed to confirm completion.

- Senior managers and nursing staff attended regular Clinical Governance meetings. These meetings were used to discuss people's changing needs. The registered manager also used these meetings to review incidents and share learning from them.
- Senior managers and Heads of departments met regularly to review and improve quality and communication across the service. The heads of departments meetings were attended by senior staff including the registered manager, deputy manager and heads of nursing, care, hospitality, catering, housekeeping, leisure, training and administration. Records were maintained of these meetings and actions set at them were reviewed.

Working in partnership with others

- The service engaged with a number of agencies and external resources to meet people's needs. These included healthcare professionals such as GPs and nutritionists.