

Housing 21

Lavender Meadows

Inspection report

Corelli Close
Bishopton
Stratford-upon-Avon
CV37 9FZ

Tel: 07702554697

Date of inspection visit:
28 September 2022

Date of publication:
18 October 2022

Ratings

Overall rating for this service	Good ●
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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 ●

Summary of findings

Overall summary

About the service

Lavender Meadows is an extra care service. The service offers independent living to people in their own apartments with access to on-site personal care. People are supported by staff during pre-arranged care calls. At the time of our inspection there were 18 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People said they felt safe living at Lavender Meadows and staff understood their role in safeguarding people from the risks of abuse or discrimination. Any potential risks to providing people's care and support had been identified and staff arrived when people were expecting them. Checks on staff practice ensured they followed good practice in relation to medicines management and infection control.

Staff were suitably trained to effectively meet people's needs. People were referred to other healthcare professionals to maintain their health and safety. 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.

People were positive about the caring attitude of the staff team and staff understood the importance of developing relationships with people and promoting equality and diversity. People were involved in making decisions about their care.

Care plans provided staff with information about people's abilities and dependencies and how they wanted to be supported. People had opportunities to engage in activities in communal areas to prevent them becoming socially isolated or lonely.

People and relatives spoke highly of the management team and staff felt valued and supported. A system of audits and checks ensured regulations were met and the quality of the service maintained. There was culture of sharing learning to improve outcomes for people.

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

Rating at last inspection

The service was registered with us on 15 July 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to give the

service its first rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well led findings below.

Lavender Meadows

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented or purchased and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the registered manager would be available to support the inspection and people would be at home to speak with us.

Inspection activity started on 28 September 2022 and finished on 30 September 2022. We visited Lavender Meadows on 28 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with five people who received care from the service and two relatives. We spoke to the registered manager and two care staff. We reviewed a range of documents including three people's care records and medicines records, two staff recruitment files, staff training records, quality audits and checks the registered manager completed to assure themselves people received safe and good quality care.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at Lavender Meadows. One person said, "I feel safe because I am not living entirely on my own. It is a lot easier to lock the doors and feel safer here."
- Staff understood their role in safeguarding people from the risks of abuse or discrimination. Staff told us they would not hesitate to record and report any concerns with one staff member telling us, "We are always on a constant lookout with the residents to make sure abuse is not going on. If there are any urgent concerns with regard to safeguarding, we would notify the police, but otherwise we would fill in a safeguarding form and report it to my manager."
- The registered manager knew how to report concerns to the local authority. Action was taken in response to concerns to minimise risks and promote people's safety.

Assessing risk, safety monitoring and management

- People told us they felt safe when staff provided their care and that staff knew how to use any equipment involved in their care. One person told us, "When I was with the OT (occupational therapist) and sorting out slings and techniques, I felt comfortable the carers were involved in those sessions. The care manager brought them in to practice on the hoist and they were even practicing putting the sling on me."
- As part of their care package, people had an alarm they could use if they needed to urgently contact someone, for example if they became ill and needed urgent assistance. One person explained, "I feel absolutely safe knowing that if I press this (alarm), as soon as I press it, within seconds they will call me."
- Any potential risks to providing people's care and support had been identified. People's care plans included the actions staff should take to minimise the identified risks. For example, assessments were completed in areas such as diabetes, catheter care, skin damage, the use of equipment and assisted moving.
- Staff understood their role in managing risks and reporting any changes in people's health or abilities. Records showed that people's individual risks were discussed at regular meetings.
- Staff completed a daily 'wellbeing check' to ensure people were safe or if they had any issues that needed to be addressed.

Staffing and recruitment

- There were enough staff to meet people's packages of care. However, the provider had experienced difficulties recruiting and as a result, staffing numbers at night were maintained by using temporary staff supplied through an agency.
- Managers worked flexibly during the day to ensure any gaps on rotas were covered and staffing levels were sufficient to meet people's needs and keep them safe.

- People said staff arrived when they expected them and did everything that was required without rushing them. One person told us, "They are always prompt and stay their allocated time."
- Staff told us they had enough time to deliver the care and support people needed and if people needed more time, they would report it to the manager.
- The provider's recruitment procedures helped ensure only suitable staff were employed. The provider requested references for staff prior to employment and obtained a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Using medicines safely

- Staff received training to administer medicines safely and had regular checks on their competence to ensure they continued to do this in a safe way.
- Staff signed a medicine administration record (MAR) sheet to confirm they had given people their medicines. Completed MARs showed people had been given their medicines as prescribed.
- Some people were prescribed medicines to be given 'as required'. For example, for breathlessness or pain. There were guidelines in place for staff to follow to determine when these medicines should be considered.
- Where people were on medicines that could have significant side effects, there were detailed risk assessments to inform staff what action they should take in such an event.
- Regular medicines audits were undertaken to ensure records were complete and accurate and medicine was safely managed.

Preventing and controlling infection

- Staff had completed infection control training and had access to personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
- The registered manager carried out observations of staff to ensure they followed the provider's infection control policies and procedures and current best practice guidance.

Learning lessons when things go wrong

- There were systems to ensure that learning took place from any adverse events. Investigations of any accidents or incidents identified the root causes and any lessons to be learned.
- Staff confirmed any lessons learned were shared with them to improve practice and ensure risks were minimised. A staff member told us, "We always point out how we can improve things to make sure it does not happen again in the future and what we could have done differently. That is very much a staff team thing."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were undertaken before they began to receive a care package. These assessments were used to develop care plans.
- Where required, other agencies were involved in the assessment process. This ensured any external healthcare required to support the success of the care package was identified and put in place.
- Records were regularly reviewed to ensure they reflected current guidance and continued to effectively meet people's needs.

Staff support: induction, training, skills and experience

- People said staff were suitably trained to effectively meet their care needs.
- Staff told us they received regular training which ensured they felt confident and competent in their roles. One staff member said, "I think the training is really good and very thorough. We have on-line training and face to face training and the training sessions are very interactive."
- New staff completed a comprehensive induction and worked alongside experienced staff until they felt confident to work alone and unsupervised. One staff member explained, "Just as the residents' wellbeing is important, so is the wellbeing of the staff. They need to feel confident and if they want more shadowing, that is available."
- Staff felt supported in their roles and said they had opportunities to talk about their work and any training or developmental needs in meetings with their manager.

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

- Lavender Meadows had a bistro where a meal was provided at lunch time and where people could choose to eat their meals.
- Where people received support with meals, they told us they were happy with this aspect of their care. They said staff supported them to choose the meals they wanted.
- People were encouraged to drink well to maintain their health and one person confirmed staff made sure they left them with a drink before leaving.
- Any nutritional needs were included in people's care plans with supporting risk assessments if necessary.

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

- The service worked alongside other healthcare professionals which included GPs, district nurses and occupational therapists.

- One person told us how staff supported them to follow guidance from another healthcare professional. They explained, "I have some exercises to do which are included in my care plan and every night staff prompt me to do my exercises."
- Care plans detailed the support people needed to maintain their general health. For example, what support people needed with oral healthcare.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff worked within the principles of the MCA and knew they should assume people had the capacity to make their own decisions.
- People using the service made daily decisions for themselves, or with the support from relatives and prompts from staff. Staff offered people choices and sought their consent before providing care.
- The registered manager understood their responsibilities under the MCA if it was felt people's capacity to make decisions impacted on the support, they required to keep them safe.

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

- People had furnished their own individual flats within the extra care scheme. The scheme was accessible for people to use with lifts and automatic doors around the building.
- The scheme had a ground floor restaurant, lounge area and activities room where people could socialise with others. There was also a hairdresser and wellbeing room.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were overwhelmingly positive about the caring attitude of the staff team. Comments included: "I look forward to them coming, I really do, they are exceptional", "They are absolutely brilliant. They are very caring and nice people and when you are completely on your own, a quick five minute chat is lovely" and, "They have a laugh with me and we get on and I think it makes the task easier for both of us because there is no awkwardness, even though it is quite personal."
- Relatives welcomed the friendly relationships between staff and their family member. One relative told us, "They are absolutely lovely, very conscientious."
- Staff understood the importance of developing relationships with people and promoting equality and diversity. One staff member told us, "We have to know all about a person to deliver person centred care. It is important not to label someone because of their illness or because of personal circumstances."
- When we asked staff what they were most proud of working at Lavender Meadows, they spoke about people's personal achievements. Staff took pride in people overcoming health difficulties and achieving more independence.
- People gave us examples of how the thoughtfulness of staff had improved their wellbeing and enabled them to live their life as they wanted to.

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

- Care was planned in partnership with people and their views sought regularly, including through resident's meetings and reviews.
- People confirmed they were offered choices so they were fully involved in making every day decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of treating people with dignity, respecting them and promoting their independence. One staff member explained, "We try and help them to complete tasks themselves. It is about assessing what independence they have left and letting them hold on to that as long as possible."
- People told us staff encouraged them to do as much for themselves as possible which had a positive impact on their wellbeing. One person told us how staff came up with ideas, so they were able to continue cooking their own hot meals. The person added, "I was apprehensive about carers, but it is far better than I thought it was going to be. I would say they are really enabling."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans provided staff with information about people's abilities and dependencies and how they wanted to be supported. Plans gave care staff instructions about what to do on each visit and were regularly reviewed to ensure they reflected people's preferences and needs.
- People told us that because staff knew them well, they recognised when they were having an 'off day' and needed a little bit more support. One person told us, "If I am having an off day they will ask if they can fetch me a sandwich."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered a range of activities and social events in the communal areas. This ensured people had opportunities to do interesting things and to prevent them from becoming socially isolated or lonely. Activities included quiz and karaoke evenings, armchair exercises, a church service and special meals in the bistro.
- People and relatives told us how the social opportunities improved people's well-being. One relative explained, "This is like a cruise ship that doesn't float, there is always something happening. You can be as busy or as quiet as you want it to be." One person told us they could choose whether to attend or not but enjoyed the social interactions.

Improving care quality in response to complaints or concerns

- There was information about how people could raise a complaint displayed within communal areas.
- People and relatives told us they had no complaints. However, they knew how to make a complaint and said they would be confident to raise any concerns with the management team. One person told us, "If I had a complaint I would go and talk to [registered manager], but I have got nothing to complain about."
- The few complaints received had been in relation to the environment rather than the care provided. These complaints had been managed in line with the provider's policy and procedures.
- Systems were in place to manage and take learning from any complaints received.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered when their care was planned.
- The registered manager told us accessible information could be made available in alternative formats if people needed it.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were very positive about the standard and quality of care. Comments included: "It is spot on, kindness, attention to detail and respect. It was the best thing that ever happened to me coming here. The care is second to none, they can't do enough for me" and, "My overall view of it is excellent. It is far better than I expected."
- Everyone we spoke with knew who the registered manager was and spoke positively about them. One person told us, "She is brilliant and answers all my questions." A relative commented, "She is probably one of the best and very capable. She is able to get to know you and your likes and dislikes and as a manageress I think she is great."
- Care staff also spoke positively about the registered manager, describing them as being visible and approachable. All the staff we spoke with said they felt valued and were supported in their role. One staff member said, "She is fabulous, especially at the moment as we are short on staff. It is nice to know you have a manager who is happy to be a carer if needs be. She is very approachable."
- Care staff confirmed there were opportunities to share their views and opinions about the service provided at regular staff meetings and individual meetings with the registered manager.
- People were given the opportunity to make decisions and have choices about their lives during meetings, reviews of their care and through questionnaires.

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

- The registered manager carried out a series of quality assurance checks to check on the quality and safety of the service they provided. This included checks on care records, medicine administration and staff practice.
- The provider carried out regular quality monitoring visits to ensure regulations were being met and to identify areas for improvement with any required actions.
- The registered manager maintained a 'making a difference' file with case studies of people they had supported. These studies included reflection and learning to celebrate good practice which had led to positive outcomes for people.
- Managers and staff understood the expectations of their role. One staff member had recently been promoted and was going through an induction into that role. This ensured they had a clear understanding of their new responsibilities.

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; Continuous learning and improving care

- We were notified of important events and incidents as required and the manager understood their responsibility under duty of candour.
- Staff told us that because of the open culture within the home, they felt able to share any errors or mistakes knowing they would be learnt from.

Working in partnership with others

- Where a need was identified, the registered manager arranged for other agencies to provide guidance and support. For example, support had recently been requested from the fire service to advise people on fire prevention in their homes.
- The registered manager engaged with other organisations to improve experiences and outcomes for people. For example, one person had been referred to a charitable organisation for support in furnishing their home and others had been provided with support to claim all the benefits they were entitled to.