

GHS Care Limited

Lavender Hills Care Home

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 ●

Summary of findings

Overall summary

We carried out an unannounced inspection at Lavender Hills Care Home on the 12,13 September 2016.

Lavender Hills care home is owned by GHS Care Ltd and provides care and accommodation for to up to 45 people with residential care needs. Nursing care is not provided. The premises are an older type large house in its own grounds on the outskirts of Ramsbottom. It is some distance from a main road, the town's facilities, and not on a bus route. The original house has undergone extensive renovations, and the facilities and accommodation are of a high standard.

At the time of this inspection there was a registered manager who had been in post since August 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported in her role by the home's assistant manager.

The service was last inspected in August 2014. We found it was meeting all legal requirements applicable at that time.

During this inspection, we found the service was meeting the current regulations.

People told us they felt safe living at Lavender Hills care home and felt the care received was delivered in a professional, caring and compassionate way.

The provider ensured processes were in place to maintain a protected and suitable environment for all people using the service and their visitors. Suitable training was offered to staff to ensure they were competent in recognising the signs of abuse and could appropriately and confidently respond to any safeguarding concerns and notify the relevant authorities when required.

The service conformed to the requirements of fire safety by ensuring fire audits were up to date and relevant checks were carried out on a weekly basis to fire equipment and lighting. People using the service had personal evacuation risk assessments in place and the provider had an additional contingency plan which provided direction about what to do in the case of an emergency or failure in utility services or equipment.

The service had satisfactory staffing levels to support the operation of the service and provide people with safe and personalised care. People told us they never felt rushed and staff were responsive to their needs. We noted the service offered a variety of training to its staff which ensured the staff team were skilled and experienced in safely and effectively supporting all people using the service.

Appropriate steps were taken to verify new employee's character and fitness to work. Following successful appointment to the role the provider ensured a robust induction plan was carried out which ensured staff

were equipped with the correct skills and knowledge to effectively support people in an informed, confident and self-assured manner.

Processes were in place to take immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. The provider also took appropriate action to ensure safeguards had been implemented following a recent incident.

Appropriate processes were in place for the safe administration of medicines in line with best practice guidance from the National Institute for Health and Care Excellence. Staff had received training in medicines management and all medicines were stored securely and safely. People had been consulted about their dietary requirements and preferences and we saw choice was given at every mealtime. We saw appropriate referrals had been made to dieticians and instructions were strictly followed in cases where people had known dietary requirements.

Staff displayed an awareness of the Mental Capacity Act 2005 and had completed appropriate training. Appropriate referrals had been submitted to the local authority by the home's manager and a good audit trail was seen.

The provider had considered and implemented adequate documentation to support the development of the care planning process and support the delivery of care. Each plan was individual to the person's needs. Effective systems were implemented to maintain independence, by providing a detailed plan covering essential information care staff needed to follow. These ensured clear information about people's needs wishes, feelings and health conditions and were kept under regular review.

Positive staff interaction and engagement with people was observed. Staff were caring, respectful and understanding in their approach and treated people as individuals. Staff promoted privacy and dignity and supported people to maintain control over their lives. People were given information about their care and the service to help them make informed decisions. Their opinions were routinely sought and acted upon by means of questionnaires enabling them to influence the service they received. Comments were received from people during the inspection which supported these observations.

People who used the service along with their relatives/visitors were complimentary about the management structure. People described the registered and deputy manager as helpful and professional. Staff informed us they felt well supported and that they could approach either manager with any concerns.

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.

People told us they felt safe. Staff demonstrated an understanding around their roles and responsibilities to protect people from harm. Personal and environmental risk assessments were in place to ensure the safety of people using the service, visitors and staff.

Safe and robust recruitment procedures were followed to ensure suitable staff were employed at the service. Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service.

Processes were in place for the safe administration of medicines and medicines were stored away securely and safely.

Is the service effective?

Good ●

The service was effective.

The service was effective. Staff were subject to a formal induction process and probationary period and there was a staff supervision schedule in place.

Staff were aware of how to seek consent from people before providing care or support. The service ensured formal processes were followed and people's rights under Mental Health Act and Mental Capacity legislation were understood and protected.

A detailed training schedule was in place to ensure all staff completed the right amount of training required for them to competently carry out their caring role.

Is the service caring?

Good ●

The service was caring.

Staff spoken with gave good examples of how to ensure people's dignity was respected. We observed staff patience and encouragement when supporting people.

People were supported in a way which was kind, caring and compassionate. And people's independence and inclusion was a key factor in the ethos of the service.

End of life care was managed well and people's end of life wishes were routinely sought.

Is the service responsive?

The service was responsive.

Each person had a detailed care pathway, an assessment of possible risks and a description of the person's needs for support and treatment.

People told us they enjoyed living at the service and referred to it as 'their home'.

The home had procedures in place to receive and respond to complaints.

People expressed confidence in the registered and assistant manager to address their concerns appropriately. People knew the process to follow should they wish to make a complaint.

Good ●

Is the service well-led?

The service was well-led.

The service had a manager employed who was registered with the Care Quality Commission and was qualified to take on the role.

Staff told us they felt well supported in their role by the registered manager and felt able to approach them with any issues.

Audit systems were in place to monitor the service's standards and develop identified areas of improvement. □

Surveys were carried out and information was used to improve the quality of service.

Good ●

Lavender Hills Care Home

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 was 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 inspection took place on the 12, 13 September 2016 and was unannounced. The inspection was carried out by one adult social care inspector. At the time of our inspection there were 39 people receiving care at the service.

Before the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held such as safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke with 13 people who used the service and six relatives. We spoke with five members of staff, one visiting health care professional, the registered manager and the deputy manager.

We looked around the premises. We looked at a sample of records, including four care plans and other related documentation, four staff recruitment records, medicines records, meeting records and monitoring and checking audits. We also looked at a range of policies, procedures and information about the service. We looked at the results from a recent customer satisfaction survey.

Is the service safe?

Our findings

People told us they felt safe. Comments included, "You couldn't have a nicer place to live. I have never felt safer," "I feel much safer here than when I was at home" and "They look after us very well, I cannot complain about anything really." Visitors/relatives expressed their satisfaction with how their loved ones were looked after and supported. One visitor said, "[Our relative] is very safe here, we wouldn't even consider leaving them here if we had any concerns in that area." Another visitor said, "[Our relative] was really well cared for. We know they felt safe here and looked upon Lavender hills as their home." Staff gave suitable examples of how they would ensure the safety of people living at the service and what measures they would take to ensure people were encouraged to engage in positive risk taking, they gave example's in relation to the person's individual risk assessments and ensuring they adhered to the information noted within them.

Throughout our inspection we did not observe anything that gave us cause for concern around how people were treated. We observed positive staff interaction which was caring and patient. People appeared comfortable, content and happy in staff presence.

Before the inspection we had received some information pertaining to an incident which had happened at the home some weeks prior to the inspection. As a result of this the service was required to look at a staff members conduct and review some of its systems and processes. During the inspection we looked at how the registered manager had dealt with the situation and ensured systems were now in place to prevent any further incidents. We were happy that this situation had been dealt with via the provider's disciplinary processes and additional safeguards had been implemented to ensure future safeguards were in place.

Processes were in place to sustain a safe environment to aid the protection of people using the service, their visitors and staff from injury. Risk assessments which included the internal and external environment were in place and considered communal and bedroom areas. Equipment such as kitchen and bathroom aids were examined and tested on a weekly basis by the maintenance person.

The provider employed a maintenance person on a full time basis. The maintenance person told us it was their role to carry out daily visual checks around the building and ensure any maintenance issues would be resolved within an acceptable time scale. External contractors were also used when necessary. Water temperature checks and legionella testing were also completed in line with current guidance. The documentation we saw was in date and completed in full with dates and signatures.

Control of Substances Hazardous to Health data sheets (COSHH) were easily accessible for all staff. These data sheets offered information on all COSHH materials used at the service with the risks associated to the substances and first aid measures.

The service was found compliant at the most recent fire audit. Each person had a personal emergency evacuation plan (PEEP) which considered areas such as level of mobility, responsiveness to an alarm and prescribed medication. The plan also has a description of the person for identification purposes.

Risk assessments were evident along with a record of fire systems, emergency lighting and fire alarm checks. All staff had received up to date fire training. Contingency plans were in place detailing steps to follow in the event of emergencies and failures of utility services and equipment. One visitor told us, "The provider is very conscious of health and safety inside and outside of the building. They are always doing checks of some sort."

The provider had a 'Business Continuity' management plan displayed at the front entrance and a further copy in the staff office. This ensured it was easily accessible to all people. The plan was last updated in March 2016 and provided a framework for an organisational response to a disruptive event such as adverse weather conditions. It had a robust plan to maintain critical services for people using the service to ensure their safety and well-being was paramount.

We looked at what protection measures the provider had implemented to protect people from abuse and the risk of abuse and support an appropriate approach to safeguarding and protecting people.

Robust Safeguarding procedures were in place detailing relevant information about and the various signs and indicators of abuse and how to report any concerns. Staff were aware of these indicators and were clear about what action they would take if they witnessed or suspected any abusive practice. Staff expressed confidence that any issues of concern at the service would be appropriately dealt with. Safeguarding training was in date.

An accident/ incident record book was completed with relevant information and appropriate action had been taken in the event of any issues. An additional file was kept by the registered manager with details of all notifications made to the Commission and/or local authority safeguarding team.

Risks to people's individual safety and well-being were assessed and managed by means of individual risk assessments and risk management strategies. This helped ensure guidance was in place for staff on minimising risks to people's wellbeing and safety. All people had individualised risk assessments in their care files covering areas such as, mobility, personal care, mental health and moving and handling. Each risk assessment offered an overview of the person's risk, triggers and the assistance required. The registered manager told us people's risk assessments were reviewed every month by senior carers and more often if required. The risk assessments we saw were in date and detailed information you would expect to see in such a document.

We looked at how the provider managed staffing levels and the deployment of its staff. We requested a month's staffing rotas including the week of inspection. We noted sickness absence was covered by staff and agency when required. One staff member told us that if agency staff were needed the registered manager would request the same people to provide continuity and familiarity for the people living there. We noted the registered manager had also recently covered a night shift. The registered manager told us she, "Liked to work the floor" on occasions to observe routines and ensure everything was working well.

Staff told us there was always enough staff on duty at any one time and it was only on occasions when there had been an emergency that they could be extremely busy and require extra help. All 13 people we spoke with told us that assistance through the night when required was timely and their needs were met effectively. However some people told us when using the nurse call during the day there could be a delay in staff response. We spoke with the registered manager about these comments. She informed she audited response times on a regular basis by checking the computer log. She also added that if she heard a nurse call sounding for a particular length of time which she deemed was unacceptable she would investigate further. The registered manager told us that staffing levels were kept under review and were flexible in

response to the needs and requirements of the people using the service.

The provider had robust recruitment procedures designed to protect all people who used the service and ensured staff had the necessary skills and experience to meet people's needs. The recruitment process included candidates completing a written application and attending a face to face interview. We looked at the recruitment records of four staff members two of which had been recently employed at the service. We found references were obtained along with a police check from the disclosure and barring service (DBS). This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We noted the provider had a recruitment and selection policy and procedure which reflected the current regulations.

We noted contractual arrangements were in place for staff, which included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively. The disciplinary procedure stated, "A full investigation will be done before any disciplinary action will be taken, however suspension may be issued whilst the investigation is on-going. We looked at one disciplinary record of which a staff member had been dismissed due to an incident at the service. We noted the service had followed their procedure effectively in regards to this.

The provider had ensured there were robust medicines procedures in place to enable staff too competently and knowledgably support people with their medicines. In addition to its policies the provider also had, 'Care home standard operating procedures,' which provided staff with clear guidance on ordering, receipt, administration and records of destruction of medicines.

We found there were specific protocols for the administration of medicines prescribed, "As necessary" and variable dose medicines. These were important to ensure staff were aware of the individual circumstances in which this type of medicine needed to be offered.

People spoken with indicated they were satisfied with the medicines arrangements in place and that they always received their medicines on time. We observed two separate senior staff administering a morning and a lunchtime medicines round and noted on both occasions this was done safely and in line with procedural guidance.

Medicines were kept securely and only handled by trained staff. Stock was managed effectively to prevent overstocks, whilst at the same time protecting people from the risk of running out of their medicines.

Medicines administration records (MARs) and loose medicines such as painkillers and antibiotics were spot checked during the inspection. We found no errors in the number of tablets counted for all of the medicines and no errors on the MAR records we looked at.

Is the service effective?

Our findings

People using the service told us they felt staff were knowledgeable about their needs and requirements and carried out their caring role in a professional and understanding way. Comments included, "The carers look after all of us very well, well they wouldn't be doing the job if they didn't want to. You couldn't get care better anywhere else, it's just great," "It's a lovely setting, they look after me very well" and "The staff are spot on with the way they treat me." I would say that the staff have the correct training and they care for me very well." Relatives/ visitors expressed their satisfaction with the care and support the service offered their loved ones. One visitor said, "It is clear to see that each person here has their own needs and staff accommodate this fantastically. They are all very patient and understanding."

The provider had developed an induction programme to train and support its new staff. This included the completion of an induction checklist for new staff which looked at areas such as policies and risk assessments. Staff were also required to familiarise themselves with the people using the service by reading care plans and spending time in their company, whilst 'shadowing' experienced staff. We saw completed induction plans in the staff files we looked at. One staff member said, "My induction was really helpful. I shadowed other members of staff and then my competency was assessed before I was allowed to work alone." Further comments from staff supported this statement.

The deputy manager told us it was her role to ensure training was up to date and relevant to the role. She showed us the training matrix which was detailed and all training was in date. Staff indicated they had received a suitable amount of training and this was valued for their own professional development. All mandatory training was in date and additional training such as dealing with behaviour which challenges, equality and diversity, planning and effective recording was also completed. All staff had either completed or were working towards obtaining their National Vocational Qualification (NVQ) two and three in care.

The deputy manager told us that the provider had recently attended dementia design audit training. This is a model which looks at how the environment can be adapted and designed to develop a better quality of life for people living with a dementia. The registered and deputy manager informed they were also booked on to complete the training to enable them to look at the services environment and begin to adapt the model to enhance the experience of the people using the service.

Staff told us they received regular supervision sessions and that they were a useful arena to discuss any concerns or areas of improvement. Staff also told us additional training would be discussed as part of the supervision meeting. Actions were documented and followed up at the following supervision meeting. The staff files we looked at confirmed that regular supervision sessions were being completed in line with the provider policy and procedure.

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

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager demonstrated effective systems to manage DoLS applications. We found that the service was complying with the conditions applied to the authorisations.

In instances where people were deemed not to have capacity to consent to living at the home, the registered manager had completed standard authorisation forms which had been submitted to the local authority. There was a current policy in place detailing the procedures to follow. All the staff we spoke with had an understanding of DoLS. Comments from staff included, "You always assume capacity unless proven otherwise" and "DoLS are legal restrictions placed on someone if we are depriving them of their liberty."

People's nutritional requirements were met. Meal times were relaxed and people appeared to enjoy their meal experience over the two days of inspection. We observed people conversing with one another and laughing whilst enjoying their food. Cold drinks were readily available on trays in the communal areas throughout the day and hot drinks were also offered on a regular basis. The registered manager told us that people could help themselves to hot drinks and snacks from the kitchen area should they wish to make their own. However, people we spoke with gave mixed views about the food. Comments included, "You do get a good choice, but sometimes the food is not too good. I think it all depends who is on in the kitchen," "Oh we get big portions there is always plenty to go around" and "Its proper cooking, just like my mother used to make. I have never had anything I have needed to send back." The provider ensured that there was a cook and two assistants on each shift. This was to ensure people received their meals in a timely manner.

People's dietary needs had been considered and appeared to be managed effectively. One person told us, "They do their best with my special diet, they manage it very well." Processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional screening assessments had been carried out when appropriate. People's weight was checked at regular intervals which helped staff to monitor risks of malnutrition and support people with their diet and food intake.

The registered manager told us the local GP held a surgery at the service once weekly. This was to see people living at the service. We spoke to the GP during the inspection who told us, "The surgery works very well, the service is very proactive and the staff are always very helpful." He added, "Staff appear to know people very well and everybody who uses the service seem well looked after. I have no major concerns."

Is the service caring?

Our findings

We observed a delivery of care which was compassionate and caring. People who used the service told us they were content with the way they were cared for and supported. Comments included, "You would have to go a long way to find somewhere as nice as here," "All the staff ensure they maintain my dignity and they always knock before entering my room" and "The staff are very nice with me. They never interfere with anything and always let me have my privacy." People's visitors/ relatives we spoke with also informed they were happy with the delivery of care. One visitor said, "One of the advantages of Lavender Hills care home is that people live how they want to live. They will do anything to accommodate. We are very pleased with the care." Another visitor said, "We have had encounters with other homes in the past; however, all the other places did not hold a candle to here. It is definitely the best."

The registered manager prided herself on the service being a homely environment where everybody knew each other by name and were not looked upon as a figure of authority or job role. The registered manager told us, "I care about the people living here and I know the staff do too. Everyone is looked after as I would I wish to be." The registered manager also added, "No one is perfect and we are all learning every day in life. But you cannot train a person to have a caring personality, you either have it or you don't and this is certainly a quality I look for in a person during interview stage." During the inspection we observed positive examples of staff/ person interaction and communication to support this.

Staff routinely spent time with people and supported them effectively when required, we saw examples of staff offering choices and involving people in routine decisions. Staff displayed a clear knowledge and understanding of the needs and vulnerabilities of the people they cared for and were well informed about people's individual needs, backgrounds and personalities. They were also familiar with the content of people's support plans. We saw examples of the best approaches to take in order to uphold people's right to dignity and respect and staff understood their role in providing people with person centred care and support. Staff gave examples to support our observations around how to ensure a person's care was centred on their wishes. One staff member said, "I would never talk about a person's care in front of others." Another staff member said, "I always ask people what they would like me to do. I never assume."

The environment supported people's privacy and independence. People told us they were free to move around the building and choose which area they would like to sit and which dining room they would like to dine in. Although this was an option most people informed they liked to remain in the same area each day. One person said, "We can go anywhere in the building, but most of us are creatures of habit and will sit in the same place with our friends." Another person said, "You can please yourself if you want to stay in your room all day. It's no issue." People used the grounds of the home freely and enjoyed sitting in the sunshine. One person said, "The scenery is out of this world, I love to potter around the grounds. I feel very lucky to be living here."

We noted confidentiality was a key feature in staff contractual arrangements. Staff induction covered the principles of care such as independence, privacy and dignity, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded. The

service also had robust policies and procedures to support the delivery of care around these key aspects and staff also received training on equality and diversity. People using the service told us they were able to express their views about the service on an on-going basis by having conversations with the staff, the deputy manager and the registered manager and completing satisfaction questionnaires. Resident's meetings were also held on a frequent basis. This provided an arena for people to discuss any concerns or ideas they may have. We noted results from resident and family surveys were also discussed to look at ways the service could rectify any issues raised.

People were encouraged to take pride in their appearance to help promote independence and boost self-esteem. People told us staff would assist them with any tasks relating to this should they require it. Visitors/relatives we spoke with confirmed that people always appeared well groomed.

We saw the service had a policy around advocacy. Although people were made aware at the time of the inspection the registered manager told us no one was using the advocacy service.

People's end of life requests were sought and detailed in full in the persons care file. We noted some staff had received end of life (EOL) training and these staff had their certificates displayed at the entrance of the building. We spoke with one family who had recently lost their relative, however, took comfort from continuing to visit the home. They informed, "The love and care received from all staff towards the final days of [relative's name] life was fantastic. Staff went above and beyond on many occasions. [Our relative] thought the world of the staff." The registered manager told us she prided herself on the care and compassion the service showed people approaching their end of life whilst living at the home. She stated, "EOL care is very important. I feel it is as important to have a good death as it is to have a good life."

Is the service responsive?

Our findings

We observed staff conduct that was patient, respectful and friendly towards the people who lived at Lavender Hills care home. People we spoke with also confirmed our observations. Comments included, "The staff bend over backwards to help. They are all very patient," "I can't find fault. A while ago I was very ill and they really looked after me" and "They are very caring people, 100 per cent. I have been involved with my care file and they often talk to me about it to make sure things are still correct." Visitors/family members we spoke with also informed they had been involved with the initial assessment and reviews of care files. One family member said, "We are always included in everything especially care plan reviews."

People referred to the service as, "Their home," they told us how everybody seemed to get on well together. One person said, "They are all lovely people who live here. It is amazing how everyone gets on. They are all very friendly." People's body language appeared relaxed and settled around care staff. We observed both conversations and 'banter' between people and staff.

People told us they felt comfortable raising any concerns and felt confident that any concerns they wished to raise would be dealt with appropriately by management. Comments included, "If I had any issues I would speak with staff. They always listen to you" and "[Registered manager's name] is very good. She will make sure everyone is happy. Visitors/relatives also expressed their confidence in management to deal with any complaints effectively. One visitor said, "At the outset of a journey like this and considering somewhere for your loved one and wanting it to be perfect for them you should be able to feel that you can say if something's wrong. I can definitely say that you can do this here without feeling uncomfortable. The current manager is the best."

The service had a complaints procedure in place. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for recording, investigating and taking action in response to complaints. The registered manager told us she had received seven formal complaints in the past year. The complaints we looked at had been dealt with in line with the provider's procedural guidance.

The provider had processes in place to assess and plan for people's needs, choice and abilities prior to admission. We saw completed, 'pre-admission' documents in the care files we looked at. We noted the service had a clear process for new admissions and used a range of detailed assessment formats to ensure they could meet the person's needs. This included consultation with the person, their family and health and social care professionals where required. People confirmed they had been a part of this process. This ensured pre assessment information was factual and accurate.

We looked at three people's care files and other related records. It was noted that the provider had considered and implemented adequate documentation to support the development of the care planning process and support the delivery of care. Each plan was individual to the person's needs and considered areas such as maintaining a safe environment, personal care, night care and communication. These plans captured essential information required for the person to maintain their independence and provided a

detailed breakdown on how this was to be achieved. The plans had been agreed with people wherever possible. These documents were updated monthly to ensure a true reflection of the person's need and aid assessment of any on-going progress or issues.

The registered manager told us the activities coordinator was on sick leave at time of inspection and was unsure when the person would be returning to work, however, she told us that staff would organise activities on a daily basis to provide stimulation to those people who wished to join in. People informed us that they were not provided with much stimulation and that it would be nice to engage in activities which would, "Get my brain going." Comments included, "We have wonderful views and are able to potter in the gardens, however; we don't seem to do much else. People sit and go to sleep in the chairs most days" and "There is not much going on during the day. We need more activities." We spoke with the registered manager about this who informed this was something which had already been identified and consideration was being made into recruiting a second activities coordinator so that more meaningful activities could be done on a daily basis.

Is the service well-led?

Our findings

All people using the service including their visitors/relatives we spoke with indicated they were happy with how the service was managed. People made positive remarks in relation to the registered manager and the deputy manager, referring to them as, "Helpful" and "Professional." People confirmed that there was a presence from either the registered or deputy manager on a daily basis to support the delivery of care. One person who used the service told us, "[Registered manager's name] is always approachable. You say anything and it's rectified."

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager had been employed since August 2014. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Throughout all our discussions it was evident that the management team had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care, as well as issues pertaining to the staff team.

Staff spoken with at time of inspection felt confident that the service was supported effectively by the managing structure. All staff told us how they enjoyed working at Lavender Hills Care Home. Comments included, "It is a nice home to work in. I have worked in others but this one is the best by far. We are never rushed off our feet," "If I have any issues day or night I know I can always contact any of the management team no matter how big or small. We will sit and discuss things through. When this happens you know you have got things right." The registered manager commented, "I feel the team work here is great, we all pull together. I am proud to work here, I have never come across a home quite like it."

Staff meetings were frequent, Staff told us the meetings were a good arena to discuss new ideas and receive updates from the registered manager on service processes. Staff were also required to complete staff surveys. Staff surveys are tools used by service providers to gain feedback on and measure staff engagement, morale, and performance. They ask questions such as, do staff feel they have suitable equipment to undertake their roles effectively and safely and approachability of management. All staff commented they were happy with the management.

The provider had a range of policies and procedures to equip staff with clear and relevant information about current legislation and good practice guidelines. Policies included the use of oxygen, de-escalation techniques, accident and incident reporting, whistleblowing and nutrition. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

We noted the service provider had effective governance audit systems in place covering areas such as

accidents and incidents, bed rails, evacuation risk, infection control, safe guarding alerts, communal and bedroom areas. In addition to this an assessment section analysis was completed on all people's care files and risk assessments to indicate which sections were current and which had been completed. This ensured all care plans and risk assessments were completed in full and reviewed on a regular basis. All audit systems were designed to ensure all aspects of the service were meeting the required standards. The registered manager told us the service used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback through quality assurance questionnaires, residents meetings and ensuring time was allocated to speak with people on a daily basis.

People's care records were clear and up to date. They were stored securely and only accessible by staff to ensure people's personal information was protected. The records we requested were promptly located and well organised.

Staff were aware of their roles and responsibilities and what was expected of them and displayed comprehensive knowledge of how to care and support a person safely and effectively. Staff indicated that they had received appropriate training to assist them in effectively caring and supporting people who used the service. This was corroborated with the comments we received from people using the service and their relatives/visitors during the inspection.

The provider had a statement of purpose outlining the ethos and principles of the service. This stated, "The service recognises the need to provide a best level of care approach to people which is constantly evolving. Yet is underpinned by the consistent underlying principle to provide the highest level of care in a purpose build environment that is home to all the highest quality of resources by staff that are thoroughly well trained."