Porthaven Care Homes No 2 Limited

Lavender Oaks Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Lavender Oaks Care Home is a residential care home providing personal and nursing care to 56 people at the time of the inspection. The service can support up to 75 people within four suites in one purpose-built building.

People's experience of using this service and what we found
People did not always receive care and treatment that was safe, because there was not always sufficient information available to staff about how to manage people's risk of developing pressure ulcers. For people who already had pressure ulcers, there was not enough information for staff to ensure the correct care and treatment to promote healing and prevent further damage. We also found there was not enough information about people's medicines for staff to ensure people received "as required" medicines when needed, although other medicines were managed safely.

Other risks to people's safety were assessed and managed safely, although in some cases detail was missing from people's mobility assessments. Staff checked the premises and people's individual mobility equipment to ensure they were safe for people to use.

Although the provider had systems in place to monitor and improve the quality of the service, these required some improvement as they had not identified the issues we found around risk assessment and management.

The provider had systems to assess the staffing needs of the service, based on the level of support people required in different parts of the home. Although there were enough staff to care for people safely, there was still a need to further review how staff were deployed because a large proportion of falls happened when people were alone in their bedrooms.

There were effective systems in place to protect people from the risk of abuse and to control infection. Staff were recruited safely. When accidents and incidents happened, the provider had systems in place to learn from these and prevent things from going wrong again. They had completed a thorough analysis of falls to identify trends and took effective action in response to lower this risk.

People's needs were assessed, and reassessed when needed, in line with guidance and best practice. Staff worked well with other agencies to do this. Staff received the training and support they needed to do their jobs well, although we did not find enough evidence to show nurses received regular supervision. We will check this again at our next inspection.

People received support to eat and drink enough to stay healthy, and to attend healthcare appointments when needed. The environment was suitably adapted 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.

People, relatives and staff had opportunities to feed back their opinions of the service. The registered manager understood their regulatory requirements and was open and honest with people when things went wrong. They listened to people's views and acted on them as part of continually improving the service, and worked well in partnership with others.

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 6 August 2019).

Why we inspected

The inspection was prompted in part due to concerns received about an increased number of falls leading to serious injuries; staffing levels; medicines management; management of people's health conditions and continuing care when people returned to the home from hospital. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the Key Questions of Safe, Effective and Well-led only. 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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. The overall rating for the service has changed from good to requires improvement. 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.

Enforcement

We have identified a breach of the regulation in relation to safe care and treatment. This relates to management of risk around pressure ulcers. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always 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 well-led?

Requires Improvement

The service was not always 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 two inspectors and a specialist advisor whose background was in nursing, specialising in nursing care for older people.

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.

What we did before the inspection
We reviewed the information we had received previously about serious incidents and information of concern that had been sent to us. We also looked at information we had asked the provider to send to us about their staffing levels. We spoke with commissioners and asked for feedback about the service. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service, five relatives of people who used the service, a visiting healthcare professional and 13 members of staff including the deputy manager, trainer, administrator,

clinical lead and nursing and care staff. We also spoke with the registered manager and two service directors. We carried out observations of staff providing care to people and we looked at twelve people's care plans, five staff files and other documents relating to people's care and the management of the service, including staff rotas and medicines records.

After the inspection
We reviewed additional evidence we asked the registered manager to send to us. We also spoke with another two relatives of people who used the service.

Requires Improvement

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 has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Staff did not always have the information they needed to make sure people who developed pressure ulcers received appropriate care. People's records were not always clear on the condition of their wounds and the description of the colour or state of the wound was not always accurate. We found such discrepancies in three people's records, including one that incorrectly stated a pressure wound was healed. For one person there was no mention of their wounds in their skin integrity care plan and wound management plans were not always personalised. Although staff did take precautions such as changing dressings regularly and involving the tissue viability nurse in people's care, there was a risk of people not receiving the care they needed to promote healing and prevent further skin damage.

● Staff took precautions to protect people from the risk of developing pressure ulcers, including regular risk assessments and protective measures such as pressure relieving mattresses. However, this was not personalised because care plans and repositioning charts did not specify the frequency people needed to change position to protect them from developing pressure ulcers. Risk management plans did not always specify exactly what care people needed to prevent them from developing pressure ulcers. Because this varies between people, this also presented a risk of people not receiving the care they needed to protect their skin.

Due to the lack of detail in risk management plans and incomplete records of pressure area care, people may have been placed at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People had risk assessments that took into account their personal circumstances, such as when people were unable to understand that they could no longer walk safely without assistance. However, these did not always describe what action needed to be taken to support people safely. Some did not state people's mobility status and how staff should promote their independence.

● Staff carried out regular checks to make sure people's mobility equipment such as wheelchairs and walking frames were safe to use. Staff also carried out regular checks to make sure the home environment was safe for people to use. This included checks of call bells and equipment such as sensor mats that was designed to help prevent falls or alert staff quickly in an emergency.

● We observed staff supporting people in safe ways to move from wheelchairs to dining chairs and to use mobility equipment to move around the home.

Using medicines safely

● Medicines were stored safely and staff had appropriate training and support to administer medicines.

Records showed people received their regular medicines as required, although it was not always recorded clearly when medicines had been discontinued. We discussed this with the registered manager who said they would address it.

● However, for medicines prescribed to be taken only when required (PRN), there was not always enough information for staff to make sure people received them as prescribed. There were protocols in place for PRN medicines, but these did not contain enough information about how staff could tell when people needed the medicines, particularly for people who were unable to communicate their needs verbally. For example, for medicines prescribed to alleviate pain there was insufficient information about how to tell each person was experiencing pain if they were unable to say so.

Staffing and recruitment

● Staffing levels were based on an assessment of people's needs. Rotas showed nurses were always allocated to the parts of the home housing people with nursing related needs. Staff met to discuss allocations on each shift, where each person was assigned a member of staff who was tasked with ensuring their needs were met for that shift. However, two members of staff said falls often happened when staff were busy and people tried to get themselves up without support because they had waited a long time to receive personal care. Analysis of falls data showed the majority of falls that had been recorded since July 2019 had taken place when people were alone in their bedrooms. This indicated a need to review staffing allocations further.

● People and relatives told us there were enough staff to care for them safely. One person told us, "There always seem to be enough staff, I've never needed to use the call bell." A relative said, "There are lots of demands on staff. They always seem busy but are always there when you need them." We observed staff supporting people in an unhurried way, telling people "no rush" and "take your time."

● One member of staff told us staffing levels were "up and down" but all the staff we spoke with felt the staffing levels were safe.

● We looked at the records of falls over 6 months leading up to our inspection and discussed these with the registered manager and deputy manager, who told us they believed two periods of increased falls since summer 2019 were due to changes in the staff team and a period of increased staff sickness. These factors may have led to people receiving care from more unfamiliar staff than usual. The managers told us about their learning from this and the action they were taking to prevent this from happening again. They looked at how staff worked together around the home and increased staffing levels where required to meet people's needs.

● The provider had recruitment procedures to make sure they had all the evidence required by law to ensure new staff were suitable and fit for the role. The registered manager told us they were recruiting more staff than they currently needed so they would not be short staffed if empty beds in the home were filled.

Systems and processes to safeguard people from the risk of abuse

● The provider had systems to protect people from the risk of abuse. The registered manager carried out investigations of any incidents that might indicate a possibility of abuse or neglect and took appropriate action to reduce these risks and protect people from harm.

● People and staff knew how to raise any concerns they had about safeguarding. Accessible information about the safeguarding policy was available to people in the home.

Preventing and controlling infection

● People told us staff followed infection control procedures to protect them from the risk of infection. One person told us how staff were extra careful and wore additional personal protective equipment during an outbreak of sickness in the home.

● A healthcare professional told us the provider dealt with the outbreak well and informed the infection

control nurse promptly.
● On the day of our inspection the premises were visibly clean and free of any unpleasant odours.

Learning lessons when things go wrong
● The provider used a number of tools to effectively learn lessons from when things went wrong. For example, they analysed reports of falls to find patterns that might help them identify things they could do to prevent people from falling in the home. They found there was a pattern of falls in one part of the home at a time of day when staff often took breaks, and in response they increased staffing at that time of day and instructed staff to take their breaks at different times in future. The number of falls at that time of day decreased following this change.
● There was a number of other items the provider had looked at to help them identify any patterns in when, where and for whom falls happened. These included whether that person had a history of falling in similar situations and indications of medical issues such as low blood pressure or medicines that might have side effects such as dizziness. Where they found patterns, the provider put additional safety measures in place such as lowering people's beds and adding crash mats so they would be less likely to be injured by a fall out of bed.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider had introduced falls champion training since our last inspection. The purpose of this was to provide nominated staff with additional expertise they could use to support their colleagues around falls prevention.
- The provider had systems to ensure staff received the training they needed to provide effective care. They also encouraged staff to work towards additional qualifications to enhance their knowledge and skills.
- Staff had yearly appraisals and regular one-to-one meetings with their supervisors to discuss their work. However, we did not find evidence that supervision happened regularly for nursing staff. Although most nurses said they were happy with the support they received, one nurse told us they did not always feel supported by management and two said they did not get a chance to talk about how they were feeling when work was stressful. The registered manager told us there were regular opportunities for nurses to discuss practice, for example at handovers, and said they met with nurses informally on a daily basis but did not record this. The registered manager told us they would consider how to evidence the support they gave nursing staff and we will check this at our next inspection.

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

- Staff had regular meetings to discuss best practice and current guidance related to their work. This helped ensure people's care was delivered in line with guidance.
- Staff shared information with the borough's Care Home Support Team regularly about people's needs. They arranged for the team's physiotherapist to reassess people's needs when required, including assessments for any new equipment people might need to help prevent them from falling while moving around the home. This was to help ensure people were getting the support they needed in line with expert advice to reduce the risk of falls.

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

- Staff told us they focused on making sure people had enough to drink because this can reduce the risk of urinary tract infections, which in turn can contribute to an increased risk of falls particularly in older people. Staff used fluid recording charts to keep track of how much liquid people drank.
- Staff kept track of whether people were eating enough by supporting them to weigh themselves weekly and carrying out regular assessments of nutritional health.
- People were able to choose from suitable nutritious and appetising meal options. We observed staff offering people choices of food and drinks and staff were aware of people's food and drink preferences, allergies and other needs relating to eating and drinking. One person told us, "The food is fine."

Staff working with other agencies to provide consistent, effective, timely care

● The service worked closely with local healthcare providers such as the Care Home Support Team, to ensure people's care was co-ordinated. This included regular support from physiotherapists, pharmacists and other healthcare professionals. We spoke with a healthcare professional from this team, who told us they worked with the home to ensure a smooth transition when people returned from hospital, making sure the home could meet their needs.

● The service had a policy for how staff should support people on their return from a hospital stay. This included regular observations of their vital signs to make sure their condition was stable. However, although discharge information was shared with staff at handover, this was not always incorporated in care plans so there may have been a risk of some information being missed by staff who were not present at handover.

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

● The building was designed to be used as a care home and was suitably adapted for people's needs. This included wide corridors with handrails so people could move around easily. There were accessible bathing facilities and wheelchair ramps throughout.

● We noted there was no distinct variation between the colours of the wall and the handrail. People living with dementia may have difficulty distinguishing between similar colours, which in this case could lead to accidents. However, the environment was otherwise well adapted for people living with dementia.

Supporting people to live healthier lives, access healthcare services and support

● There was evidence that staff made referrals to healthcare services when people needed to use them.

● Nurses screened every newly admitted person for diabetes. This helped to ensure the condition, which can cause serious health complications if untreated, was not overlooked.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● Staff obtained people's consent, if people had the capacity to give it, before providing care to them.

● Where people did not have capacity, staff followed the appropriate legal procedures and consulted those who knew the person well to determine what would be in their best interests. This included seeking consent from anyone who held Lasting Power of Attorney, a legal arrangement people can make that allows another person to consent to certain decisions on their behalf.

● DoLS authorisations were made appropriately and were up to date.

Requires Improvement

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

● Improvements to the provider's systems to monitor the safety and quality of the service were required. The systems included monthly reviews of accidents, incidents and complaints to look at lessons learned and make sure these events were dealt with appropriately. Managers also carried out a number of quality checks of various aspects of the service on a regular basis. However, they had not identified the issues with pressure ulcer risk management, record keeping and protocols for administering PRN medicines that we found during this inspection.

● Managers had recognised the issues that led to us carrying out this focused inspection and had taken steps to address them. This included several different methods of analysing falls and staffing data to identify patterns and trends that would allow them to address them in a targeted way and improve the safety of the service. Since they had done this, the number of falls and serious injuries at the home had reduced.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Notes from staff meetings showed some staff felt able to express their views. For example, some fed back that there seemed to be a difference in culture between day and night staff teams. The registered manager used staff meetings as part of monitoring the culture of the service and addressing any issues.

● People and relatives told us they felt comfortable expressing their views about the service to staff and managers.

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

● The registered manager understood and acted on their duty of candour. They sent letters to people and their families when things went wrong, acknowledging what had happened and explaining how they would prevent things from going wrong again.

● A healthcare professional told us, "This is one of my best homes in terms of transparency." They told us they had a close working relationship with the registered manager.

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

● Nurses participated in regular meetings about their work to ensure they were working consistently and understood their roles. This included feedback about incidents and discussions about best practice, record

keeping and task allocation.
● The registered manager understood their regulatory requirements, such as notifying CQC of certain incidents that took place within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider held regular meetings for people and their relatives to express their views and make suggestions about any changes they would like the service to make. These were recorded as action points and followed up appropriately. Staff also used the meetings to speak to relatives about important issues such as safeguarding and consent, so they were aware of policies and legislation relevant to their relatives' care.
● Staff had opportunities to give feedback about the service.
● Staff had regular conversations with people and their families to ask for feedback and what they thought the service could do better. We looked at some of this feedback, which was positive and showed staff acted on suggestions they received.

Working in partnership with others
● The registered manager told us they sent a weekly report to the multidisciplinary healthcare and support team they worked in partnership with. The information they shared helped identify when people required the team to provide additional support or further assessments of people's needs, such as for physiotherapy.
● Visiting professionals told us the service worked well in partnership with them. For example, staff were proactive in referring people to the physiotherapy service if they noticed any deterioration in their mobility.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not fully assess risks to the health and safety of service users or do all that was reasonably practicable to mitigate such risks. Regulation 12 (1)(2)(a)(b).