

Jiva Healthcare Limited

Lavender House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lavender House is a residential care home providing personal care and support to up to 18 people. The service provides support to people with mental health care needs. At the time of our inspection there were 18 people using the service who were all accommodated in 1 adapted building.

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

At our last inspection we found the provider had not always operated their quality monitoring systems effectively, which we discussed with the provider at that time. At this inspection we found the provider had taken enough appropriate action to improve how their governance systems were managed.

People living in the care home and various community mental health, medical and social care professionals we contacted all spoke positively about Lavender House. A person told us, "I am very happy living here. The managers and staff are all lovely and really do know how to take care me, especially when I'm feeling emotionally unwell." A community health care professional added, "Lavender House is a very good service and people living there receive good care and support. They [staff] work very well with them and are always calm, caring, and competent."

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.

The service was adequately staffed by people whose suitability and fitness to work at the care home had been thoroughly assessed. People were kept safe and were confident any concerns they raised would be listened to. Staff understood how to safeguard people. People were cared for and supported by staff who knew how to manage risks they might face. The premises was kept clean and staff followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19. Medicines systems were well-organised, and people received their prescribed medicines as and when they should.

People living in the care home, community mental health and social care professionals, and staff working there were all complimentary about the way the service was managed, and how approachable the managers were. The provider promoted an open and inclusive culture which sought the views of people living at the care home, their relatives, community care professionals and staff. The provider worked in close partnership with various community mental health and social care professionals and agencies to plan and deliver people's packages of care and support.

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

Rating at last inspection and update

The last rating for this service was good overall (published 23 December 2017), but the key question well-led was rated requires improvement. This was because at our last inspection we found the provider did not always operate their established quality monitoring systems effectively, which we discussed with them at the time.

At this inspection we found the provider had taken the appropriate action they said they would at their last inspection and had significantly improved how they operated their governance systems.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We also looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lavender House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lavender House

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

Lavender House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lavender House is a care home without nursing care. Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 reviewed all the information we had received about the service since

their last inspection and used it to plan this inspection.

During the inspection

We spoke with 8 people about their experiences of living at the care home, and various members of staff who worked there including, the registered manager, the deputy manager and 2 support workers. We also observed in communal areas the interactions between people living and working in the care home.

In addition, we reviewed a range of records. This included 6 people's care plans, 2 staff files in relation to their recruitment and training, and multiple medicines records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After our site visit we received email feedback about the care home from 9 community mental health, medical and social care professionals about their experiences of working with this service.

We also continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection including staff rosters, staff training and quality monitoring audits conducted by the provider. We received this information as requested, which was used as part of our inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse.
- People told us they felt safe living at the care home and that staff treated them well. A person said, "The staff look after us really well here and know how to keep us safe. I genuinely believe Lavender House is a safe place for me to live." A community health care professional added, "I feel my clients who live at Lavender House are safe. Staff know them well and my clients report being happy and feeling safe at the care home."
- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place.
- Staff routinely received safeguarding adults training. Staff knew how to recognise and report abuse and were able to articulate how they would spot signs if people were at risk of harm. A member of staff told us, "We receive safeguarding training which is routinely refreshed which means we know what abuse and neglect looks like. I also know I must tell the managers straight away if I ever saw anyone being abused at the home."
- The registered manager understood their responsibility to refer safeguarding incidents to all the relevant external agencies without delay, ensure they were fully investigated and to take appropriate action to minimise the risk of similar incidents reoccurring.

Assessing risk, safety monitoring and management

- People were risk assessed and their safety was monitored.
- People had up to date, person-centred risk assessments and management plans in place to help staff keep people safe. These detailed plans covered every aspect of people's lives. They included guidance for staff in relation to how to appropriately manage risks associated with distressed behaviours, meet individual's specific health care conditions, prevent people becoming socially isolated and staying safe while travelling independently in the wider community.
- Risk management plans were regularly reviewed and updated as people's needs and risks they faced changed. A community health care professional told us, "We regularly share our up dated risk assessments for our clients with the care home to ensure staff working there know exactly how best to manage the risks people they support might face."
- The service had an experienced staff team who were familiar with people's daily routines, preferences, and could identify situations where people may be at risk. For example, staff knew how to prevent or deescalate incidents of behaviours that were an expression of peoples' distress. A member of staff said, "We have received positive behavioural support training, get lots of advice from various community care professionals and have very detailed risk management plans in place to help us manage incidents whenever people we support become distressed."
- Regular checks were completed to help ensure the safety of the homes physical environment and their fire

safety equipment. There was clear guidance available to staff to follow to help them deal with emergencies. For example, in relation to fire safety we saw personal emergency evacuation plans were in place to help staff evacuate people in an emergency.

Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.
- There were enough staff to meet people's needs. During our inspection, staffing levels matched the rota and enabled people's needs to be met safely. Staff were visibly present. For example, we observed staff were always quick to answer people's requests and queries.
- People told us that the home had enough staff to meet their support needs. A person said, "There's always someone working here who you can talk to if you have a problem." A community health care professional added, "There has always been a visible staff presence at the home and someone available to talk to whenever I have visited, even without prior arrangement."
- The provider's staff recruitment process was thorough, and records demonstrated that it was followed. The provider carried out thorough pre-employment checks to ensure the suitability of staff for their role. These included checks on prospective new staffs identify, previous employment, their character, their right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19.
- We were assured that the provider was using personal protective equipment [PPE] effectively and safely. The provider no longer insists all staff and visitors to the home must wear appropriate PPE to reflect the government's risk based approach to wearing PPE in an adult social care setting.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People told us, and we saw that the care home, looked and smelt hygienically clean. A person told us, "We have a cleaner who works here and they do a very good job keeping the place spotless." A community health care professional added, "I am not aware of any cleanliness issues at the care home."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider continued to access COVID-19 testing for people living and working in the care home when they showed signs and symptoms of COVID-19.
- Staff had received up to date infection control and food hygiene training that people said was reflected in their work practices.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting Care Homes

The home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

Using medicines safely

- Medicines systems were well-organised, and people received their medicines safely as they were prescribed.
- In response to an unexpectedly high number of medicines recording errors that occurred in 2022 the deputy manager introduced a new medicines recording and monitoring system that has significantly reduced the risk of medicines errors occurring within the service. We found no recording errors or omissions on any medicines records we reviewed as part of this inspection.

- People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered.
- People told us staff made sure they took their prescribed medicines as and when they should.
- Staff were clear about their responsibilities in relation to the safe management of medicines. Staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed by their line managers.
- A medicines audit undertaken by a community pharmacist in the last 6 months showed us they considered staffs medicines handling practices within the care home to be safe.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The home had regularly reviewed accident and incident records to reduce the possibility of reoccurrence.
- Any safeguarding concerns, complaints and near missies were reviewed, analysed, and responded to with emerging themes identified, necessary action taken and ways of avoiding them from happening again looked at. For example, the provider had significantly reduced the risk of medicines recording errors occurring by improving their medicines recording and monitoring systems and ensuring all staff had their competency to manage medicines safely reassessed.

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.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

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 requires improvement. At this inspection this key question has changed to good. This meant the service was now consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure their governance systems were always effectively operated.

We found enough improvement had been made at this inspection to ensure their governance systems were now operated effectively.

- The provider had improved their governance systems since our last inspection. For example, in the last 12 months they had created a new role and successfully recruited an experienced area operations manager to oversee and scrutinise the governance systems operated by all the care homes run by this provider. The new operations manager had improved how the care home monitored the quality and safety of the service they provided people who lived there by conducting monthly in-person inspections of Lavender House.
- How quality and safety was monitored in the care home at a service level had also been improved with the registered manager increasing the frequency they conducted tours of the building, observed staffs working practises, and gathered feedback about people's experiences of using the service. In addition, the deputy manager had introduced a new medicines recording and monitoring systems which had reduced the risk of medicines errors occurring within the service, which had previously been an issue.
- The information gathered from all these improved governance systems were routinely analysed by the new operations managers to identify issues, learn lessons, and develop action plans to improve the service they provided people.
- People living at the care home, their relatives, community health and social care professionals and staff all spoke positively about the way the care home was managed. A person told us, "I really like all the manages and staff who work here. I would say the home is very well-managed." A community health care professional added, "Both managers [registered and deputy] have a good understanding of the residents needs and manage the differing demands of the care home well."
- The registered manager understood their legal duty and responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about. This obligation had been met.
- We saw the service's previous CQC inspection report, which was clearly displayed in the care home and was easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The managers had created an open and positive culture that delivered high-quality, person-centred care.

A community professional told us, "The residents are not treated as patients at the care home, but people who are all individuals."

- People received a good standard of care and support from well trained and supported staff who understood how people wished to be supported to achieve good outcomes. A person told us, "The staff really know how to look after us and when we might need that little bit of extra support." Another person said, "I think the staff here really do respect us and treat us like real people."
- The registered manager had a clear vision for the care home. They told us they routinely used individual supervision and group team meetings to remind staff about the provider's underlying core values and principles.
- The registered manager understood the need to be open and honest when things went wrong. They reported all concerns to the relevant agencies including, local authorities, the police, external mental health care professionals and CQC.

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

- The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives, external care professionals and staff.
- The provider used a range of methods to gather people's views about what the care home did well or might do better. For example, house meetings, care plan reviews and annual customer satisfaction surveys. The results of the most recent satisfaction survey indicated people were happy with the standard of care and support provided at the care home.
- People told us managers and staff listened and acted upon what they had to say. A person told us, "The staff are very approachable and always ask me how im doing and if I need anything." Another person added, "Staff do listen to me and do their best to help me when Im struggling."
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers. Furthermore, staff had ongoing opportunities to reflect on their working practices and professional development. Staff told us they received all the support they needed from the services management. A member of staff said, "We get all the training and support we need from the managers to do the best job we can." Another added, "We're a small team who work extremely well together. All the managers and staff support each other, which makes it a pleasure to work at Lavender house."

Working in partnership with others

- The provider worked in close partnership with various community professionals and external agencies including, GPs, community psychiatric nurses, forensic outreach services, specialist health care groups and Local Authorities. A community health care professional told us, "Communication is two-way. Managers and staff I liaise with always listen and follow my recommendations made by us regarding our clients." Another added, "The service maintains close working relationships with all the community teams."
- The managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice, and shared best practice ideas with their staff.