

Lavender Support Services Limited

# Lavender Support Services Ltd

## Inspection report

Suite 1 & 2, The Old Chapel Business Centre  
43B High Street  
Wellingborough  
NN9 5PU

Tel: 01933653511  
Website: [www.lavendersupportservices.co.uk](http://www.lavendersupportservices.co.uk)

Date of inspection visit:  
29 August 2019  
05 September 2019

Date of publication:  
01 October 2019

## 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

About the service: Lavender Support Services Ltd is a domiciliary care agency providing personal care to people living in their own homes in Northamptonshire. At the time of the inspection 48 people were receiving personal care.

People's experience of using this service:

People told us they would recommend the service to others. One person said, "Absolutely, I have done, and the company was also recommended to me by a friend."

The service had a positive ethos and an open culture. The management team were approachable, understood the needs of people, and listened to staff. There were effective systems in place to monitor the quality of the service and drive improvements.

People continued to be cared for safely and with compassion. Staff were friendly, caring and passionate about their work; they treated people with respect and maintained their dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People had personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences.

People were protected from the risk of harm and received their prescribed medicines safely.

Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. Staff had access to the support, supervision and training they required to work effectively in their roles.

Information was provided to people in an accessible format to enable them to make decisions about their care and support. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 28 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# Lavender Support Services Ltd

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by two inspectors and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Lavender Support Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults. Some of the people receiving the service had complex health conditions.

Not everyone using the service receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to ensure there was someone available to facilitate the inspection.

Inspection site visit activity started on 29 August 2019 and ended on 5 September 2019. We visited the office location on 29 August 2019 to see the registered manager and office staff; and to review care records and policies and procedures. We made a telephone call to a member of staff who was not available during the

office visit on the 5 September 2019.

What we did:

We reviewed the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support that people receive.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

During the inspection, we spoke with six people who used the service and three people's relatives. We also spoke with nine members of staff, including care staff, care supervisors, team leaders, the training manager, service manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at various records, including care records for six people. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

# 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 remained good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely. People told us they felt safe with the staff that came to support them. One person told us they felt safe because, "I have the same carers and they use the key safe."
- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- Staff had been trained to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to.

Assessing risk, safety monitoring and management

- People's risks had been assessed and risk management plans provided staff with the information they needed to manage the identified risk. For example, we saw that people had risk assessments and support plans in place to mitigate risks associated with their mobility, medicines and skin condition.
- Risk assessments were reviewed when people's needs changed. However, some risk assessments had not been reviewed in line with the frequency stated in the provider's policy. We checked whether there had been any changes in people's needs and found the risk assessments remained accurate. This concern was discussed with the service manager who was aware that some risk assessments were overdue for review and said staff were working to complete these.
- Safety checks of people's homes were carried out prior to people receiving care. This ensured people and staff were safe in the home environment.

Staffing and recruitment

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place.
- Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at the agency
- People told us the service was reliable and they knew the staff who supported them. Feedback included, "The same carers come in three times a day." And, "The carers are on time, really punctual."

Using medicines safely

- Where the service was responsible, medicine systems were organised, and people were receiving their medicines as prescribed. The provider was following safe protocols for the administration and recording of medicines. One person said, "The carer always checks if I've taken my meds." Another person said, "They help with my eye drops and record it."
- Staff had received training in safe handling of medicines and their competencies were tested regularly.

- Regular audits were carried out to ensure correct procedures were followed by staff and any action required was promptly identified."

#### Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. All the people we spoke with told us that staff worked in a hygienic way and wore disposable gloves and aprons when providing support with personal care.
- Staff training in infection control was regularly refreshed and there was a policy and procedure in place which staff could access.

#### Learning lessons when things go wrong

- Accidents and Incidents were monitored and action taken to address any identified concerns.
- The management team reviewed all incidents that happened and used feedback from people and staff, to improve safety across the service.



# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed before any care was agreed and delivered. This ensured there was sufficiently trained staff to provide the care and support required.
- The registered manager and staff used recognised good practice and guidance to ensure that people's care was provided appropriately. For example; policies and procedures were based on the appropriate national guidance.

Staff support: induction, training, skills and experience

- People continued to receive effective care from staff that had the knowledge and skills to carry out their roles and responsibilities.
- Staff were happy with the training and support they received. One member of staff said, "The induction was very good, I shadowed, working with people and was shown a lot." Another member of staff told us, "We get lots of training and regular updates."
- New staff undertook a thorough induction and staff new to care completed training in line with the Care Certificate. The Care Certificate is a set of standards that ensure staff new to care receive appropriate induction and training.
- Ongoing staff training was based on current legislation and best practice, which ensured staff provided safe care and treatment to people. Mandatory training included safeguarding training, health and safety and manual handling training. Staff also received training to meet people's specific needs, for example training in long term health conditions.
- Staff were supported through regular supervisions and 'spot check' visits to observe their practice.

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

- People told us they were supported by staff to ensure they had a suitable diet that met their needs and preferences. One person told us, "They come in the morning and make me a cuppa, my favourite and help me get washed and dressed. They come again at tea time and make a sandwich and they make whatever I have decided to have."
- Information was recorded in care plans as to what support people required in relation to eating and drinking and whether any healthcare professionals were involved in their care. For example, if people required their food and fluids to be provided using a percutaneous endoscopic gastrostomy (PEG) feed system.

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

- The service supported some people with complex healthcare conditions such as Huntington's Disease and Multiple Sclerosis. The management team and staff worked closely with specialist health care professionals to ensure people's care was provided in the most appropriate way and any changes to needs were met.
- Staff had supported people to access other health and social care professionals such as the GP, community nurses and social workers. One member of staff described how they found a person on the floor in their home and had called the paramedics. They explained they stayed with the person until help arrived, reported the incident to senior staff and completed all the necessary paperwork.
- Information in care records confirmed the service worked with other professionals when required to ensure people had access to the right support and help.

#### 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Systems were implemented to ensure that people's capacity was assessed, and records kept of decisions made in their best interest.
- Staff had received training in MCA and understood the importance of seeking consent from people. People were supported in the least restrictive way possible.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People continued to be well cared for. The feedback we received from people was positive about the care they received. One person said, "I get on very well with the carers, I can't complain. They treat me with respect and just say, "tell us what you want."" Another person's relative said, "The carers are sweethearts, they will text me if there is a problem. [person's name] has dementia and they love the carers, they are a good emotional support to [person's name]."
- People were supported by a regular team of staff which ensured consistent care. One person said, "I have the same lady twice a week for personal care. She is very friendly, and we have a good understanding and rapport."
- We saw that consideration was given to whether staff were best suited to support people considering people's cultural backgrounds and preferences. One person told us, "I prefer all female carers, which I have."
- Care plans detailed people's preferences as to how they liked their care to be delivered and included information on each person's religion, culture, social needs and communication needs.

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

- People and relatives said they were involved in the planning of their care. One person said, "I was involved with the care plan and told them what I needed."
- The registered manager and staff understood the importance of involving people in decision making. We saw that meetings were held with people and their relatives when their wishes or needs changed.
- No one currently required the support of an advocate. However, the management team were able to support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and their dignity maintained. One person's relative said, "They do not rush [person's name] and respect them."
- People told us they were encouraged to do what they could for themselves to maintain their independence. One person said, "On the whole they are very good. The carers foster my independence."
- Care records were kept securely, and confidentiality maintained.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they required to provide consistent support for people. One person's relative said, "When the management did the care plan they wanted to know every detail. They always try to seek alternatives to accommodate my [relative's] needs."
- Care plans contained detailed information on people's preferred routines, personal care needs and communication needs.
- People received a rota, so they knew which staff would be providing their care and the time the visit was planned for. They told us that staff stayed the full amount of time to provide their care and did not rush them.
- Where staff provided people with support in addition to their personal care, people were happy with how this was provided. One person's relative said, "We have been with the company since [year], they are very good, they helped us when we needed to be taken to [hospital treatment]."

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were unhappy and wished to make a complaint and were confident any concerns would be addressed. One person's relative said, "If there are any problems I let the management know. I get on well with them and they are very supportive of me, saying let us know if you need help."
- There was a complaints procedure in place. The management team maintained a record of complaints and a log of any minor concerns raised. These demonstrated that all complaints and concerns were investigated, and the person provided with feedback.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered as part of their pre-assessment.
- Information could be provided to people in an accessible format to people where needed.

End of life care and support

- There was no end of life care being delivered at the time of the inspection.

- Where people were living with long term health conditions care they had been supported to make decisions about their preferences
- Staff had received training in supporting people at the end of their life. Staff were aware of good practice and guidance in end of life care, and the need to respect people's personal, cultural and religious beliefs and preferences.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Feedback from people, their relatives and staff confirmed that people felt well cared for by staff. We received consistent feedback that the service was providing personalised care to people.
- People and their relatives told us the management team knew people well and was available to them. One person said, "The management do checks. [manager] comes around periodically and has a chat about any issues."
- All staff provided positive feedback about their experiences working at the service and the support that was provided to them. One member of staff said, "It's very well led, the communication is good, the care is the best and I feel comfortable talking to the staff in the office." Another member of staff told us, "They [managers] have taken on board any comments I've made and held a meeting. Things have been discussed and addressed, any concerns raised dealt with. There's always someone you can talk to."

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

- Staff were clear about their roles and responsibilities towards the people they supported and felt supported in their role. They had regular supervisions and 'spot checks' of their work were undertaken which ensured they provided the care and support at the standards required. One person's relative told us, "The management do spot checks, they observe the carers and chat with us."
- There were effective systems in place to monitor the quality and standard of the service. The provider had comprehensive audits in place relating to the running of the service. These included care records, care visits, medicines and accidents and incidents. From the findings of audits, the management team created action plans to track the progress of improvements.
- The registered manager notified the Care Quality Commission (CQC) and other agencies of any incidents which took place that affected people who used the service.
- The provider had displayed the rating from the previous inspection of the service as required.

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

- People's feedback about the service was captured through regular contact with people and their relatives. We saw where people had requested action to be taken this was completed.
- Staff surveys were regularly undertaken. The provider had recently undertaken a survey and the results of this were being analysed at the time of inspection.

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 and nominated individual were aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to 'whistle-blow' and knew how to raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns acted upon.

Continuous learning and improving care

- Staff were encouraged to attend regular meetings. However, at the time of inspection these were scheduled as carer meetings. Groups of staff who provided care to the same people met together to discuss the person's care and possible improvements or changes that could be made. We discussed with the nominated individual the benefit of holding meetings for the wider team with an agenda focussed around the running of the service; they said this was something they would consider reinstating.
- The service had recently introduced an electronic call monitoring system to monitor the timing of people's care calls.

Working in partnership with others

- The management team and staff worked closely with specialist health and social care professionals to ensure people's complex needs were met. This included holding multidisciplinary review meetings and accessing training from health professionals with detailed knowledge of particular health care needs such as percutaneous endoscopic gastrostomy (PEG) feed systems.