

Somerset Care Limited

Lavender Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

About the service

Lavender Court is a care home. It is registered to provide accommodation and nursing care to up to 85 people. Lavender Court specialises in the care of older people including people living with dementia.

The home was divided into four distinct areas. Orchid provided personal care to people, Poppies cared for people with nursing needs and Sunflower cared for people living with dementia. The fourth area, Rose, provided rehabilitation in partnership with the NHS, for people leaving hospital.

At the time of our inspection there were 78 people using the service.

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

People were generally happy with the care and support they received. However, a number of people raised concerns about the high numbers of agency staff at the home. Some people told us they did not always know staff names and agency staff were not always clear about their needs. Improvements were needed to make sure people knew who staff were and felt comfortable with them.

The registered manager and provider were committed to recruiting more permanent staff but at the time of the inspection were relying on agency staff to keep people safe.

We have recommended that the provider keeps the deployment of agency staff under review.

People's medicines were not always managed safely, and improvements were needed.

We have recommended that the provider puts further checks in place for some medicine management.

There was a friendly relaxed atmosphere and people were able to have personal and professional visitors at any-time. People said they felt safe at the home despite the staffing issues. One person told us, "The staff make you feel safe." Another person commented, "No one has been unkind to me since I have been here."

Staff were following good infection prevention and control practices which helped to minimise risks to people.

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 said they were able to make choices about their day to day lives. We observed, people who were able, followed their own routines.

People had care plans which identified their physical needs and also gave some information about their likes and dislikes. The provider was in the process of changing the care plan system. The registered manager told us they hoped the new system would further enhance person-centred care.

People had access to a range of organised activities and the home had good links with local groups such as church groups and schools.

People lived in a home where the registered manager and provider monitored the quality of care provided and constantly looked at ways to make improvements. The registered manager listened and acted on feedback received.

Most people were happy with the support they received. One person said, "It is unbelievably better than I expected. Staff are excellent – they do what you would like them to do." Another person commented, "Quite happy with everything. Nowhere is perfect but this is as close as you could get."

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 (Published 9 April 2018) A targeted inspection looking at infection prevention and control practices was carried out in August 2020 and no concerns were identified.

Why we inspected

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

We received concerns in relation to cleanliness, staffing, management and general standards of care. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We found no evidence that people were at risk of significant harm from the concerns raised but have identified some areas for improvement. Please see the Safe section of this full report.

We 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.

The overall rating for the service has not changed from Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lavender Court 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.

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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Lavender Court

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors, a member of the Care Quality Commission's medicines team and an 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 Court 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 Court is a care home with nursing care. 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 Care Quality Commission 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 looked at the information we had received from, and about, the care home since the last inspection.

We sought feedback from the local authority and professionals who work with the home.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 30 March 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with 29 people living at the home and 12 visitors. We also spoke with 15 members of staff. The registered manager and representatives from the provider were available throughout the inspection.

We spent time observing care in communal areas and looked at a variety of records. Records seen included, two staff recruitment files, seven care and support plans, a sample of medication administration records, minutes of staff meetings and records of quality assurance audits.

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. At this inspection the rating has changed 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.

Staffing and recruitment

- People were supported by adequate numbers of staff to keep them safe. However, the home relied heavily on agency staff to ensure there were enough staff on duty. Some people and visitors commented that it would be good to have more permanent staff. One visitor told us, "They just don't seem to have time to get to know people." One person said, "If I ring the bell, they [staff] usually come quickly but there just isn't enough of their own staff."
- Improvements were needed to ensure people felt comfortable with agency staff supporting them. We observed agency staff did not always introduce themselves to people and did not wear name badges that could be easily read. One person told us, "I feel frightened and vulnerable, when you don't know who's coming in the dark, they don't say who they are or what they are. The weekends are bad, when we have got the normal staff on, I sleep better. Someone came in that I had never seen. They need to know you, know what you like. Say hello."
- Staff were not always deployed to make sure people always had staff available to them who they were familiar with. On one afternoon of the inspection the area caring for people living with dementia was staffed completely with agency staff.
- One person commented, "It's O.K. I think the place is very good. There is a shortage of staff, lots of agency. The staff that belong to the home are good, the agency staff varies – not as good as our own people. You have to explain to them what to do. I feel safe."
- Staff spoken with thought the high level of agency staff had a negative impact on the care they provided and staff well-being. One member of staff said that although they felt people were being kept safe the staffing situation meant that care provided was not as person centred as they would like.

We recommend the provider continues to monitor the deployment of agency staff to minimise the impact on people.

- The registered manager informed us their greatest challenge to providing a high-quality service was staffing. They were being proactive in recruiting and were trying to use the same agency staff to provide consistency for people.
- People were cared for by staff who had been safely recruited. The provider took up references and carried out checks before new staff started work at the home.

Assessing risk, safety monitoring and management

- Risk assessments were carried out to make sure people received their care safely. However, care plans and risk assessments were not always compatible. This could lead to people receiving inconsistent care which potentially placed them at risk. For example, one care plan stated the person wore a pendant call bell to enable them to summon help. But their risk assessment stated that for safety reasons they did not have a call bell but required 30-minute observations to maintain their comfort and safety. Records showed that these observations were being carried out.
- People were not always monitored in accordance with their identified risks. One person had lost a significant amount of weight. One of the control measures of their risk assessment was for staff to record and monitor their food intake. This was not being done. Another person's food and fluid chart had not been fully completed.
- People who were receiving rehabilitation services following a hospital admission, had risk assessments to promote independence. One person told us about the support they received with their mobility due to their high risk of falls. We saw that the person's care records matched the care they said they were receiving.
- People who required meals to be served at a specific consistency to minimise the risks of choking received the correct diet.

Using medicines safely

- People generally received their medicines safely. However, some improvements to practice were highlighted. When people were prescribed medicines in the form of patches, the site where these patches were applied was recorded on the electronic system. However, whilst these were recorded, the patches were not always rotated in accordance with the manufacturer's directions. There was also no record of any monitoring that patches remained in place.
- There were suitable arrangements for storing, and disposal of medicines, including those needing extra security. Temperatures were monitored to make sure medicines would be safe and effective. However, it was not always possible to see if medicines with a reduced expiry date after opening were still safe to use.
- When people were prescribed medicines 'when required' there were limited person-centred protocols available to guide staff when doses might be needed or what other actions could be taken before administering medicines. Staff spoken with were able to explain how these medicines were used. The daily notes did not always record the reason for administering these medicines and the outcome of the administration.

We recommend that the provider implements a robust procedure for checking expiry dates of medicines and monitoring the application of medicines in the form of patches.

- Staff received training in safe handling of medicines and had competency checks to make sure they gave medicines in a safe way.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home. One person told us, "The staff make you feel safe." Another person commented, "No one has been unkind to me since I have been here."
- People appeared comfortable and relaxed with staff who supported them. We saw people and staff interacted well together and there was a friendly atmosphere within the home.
- Risks of abuse to people were minimised because staff knew how to recognise and report abuse. All staff asked were confident that any concerns raised would be treated seriously and action would be taken to keep people safe.
- The registered manager worked with appropriate professionals to make sure that all allegations were fully

investigated, and action was taken to make sure people were protected

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to have visitors at any-time. Visitors said they were always made welcome.

Learning lessons when things go wrong

- The registered manager and provider analysed all accidents and incidents to minimise the risks of re-occurrence. This included seeking professional support for people or providing additional equipment.
- In response to the high need for agency staff the registered manager had made changes to the staff rota and deployment of staff. This helped to make sure permanently employed staff were usually available throughout the building to offer stability for people. The registered manager told us staff were much more flexible and worked around the whole home. This had a positive impact as it had brought the team much closer together and people enjoyed seeing staff they knew.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained the same. 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

- Each person had a care plan which set out their needs and wishes. This gave staff the information they needed to provide personalised care to people. As the home used a high number of agency staff the staff also used handover meetings and documents to make sure staff had the information they needed.
- The provider was in the process of changing their care plan system. The new system would be more easily accessible to all staff.
- People told us they could make choices about their day to day lives. One person said, "There is choice. You can get up and go to bed when you like." Another person told us, "You can do what you like really."
- One part of the home cared for people living with dementia. We observed that some staff knew people well and were very good at offering choices in accordance with their known likes. For example, at lunch time one person did not eat well. A staff member who knew them well offered a variety of desserts which they knew would appeal to them. This resulted in them eating a small amount with encouragement.

End of life care and support

- People could be confident that at the end of their lives they would receive kind and compassionate care. People who were nearing the end of their lives had care plans in place to make sure their wishes were known. Staff told us they made sure people were well looked after in accordance with their wishes and needs.
- There were always registered nurses on duty who ensured people had the appropriate care and medicines to help them to be comfortable and pain free at the end of their lives. Medicines were ordered and administered as required when people were receiving palliative care.
- Treatment Escalation Plans (TEP) were in place. These recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

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

- People were supported to stay in touch with friends and family. Throughout the COVID-19 pandemic staff had helped people to maintain contact with their loved ones by phone, video calls and safe visits.
- In line with current government guidelines people were able to have visitors at any-time. Visitors said they

were always made welcome and felt Lavender Court had a homely feel.

- People were able to take part in a variety of activities. There were four activity workers who ensured that something was happening at the home every day of the week. There was a weekly activity plan and staff said they reminded people each day what activities were taking place and where.
- Activities were arranged around people's interests and abilities. Activity staff told us they met with people when they moved in to find out their interests and hobbies. This enabled activities and social events to be planned around people's wishes and needs. One person had been able to give a talk to others on a subject they were interested in and another talk was being planned.
- The staff had links with local organisations which helped people to remain part of the wider community. These included links with a local church and school.
- During the inspection we saw people joined in and enjoyed a variety of activities including bowls, an afternoon birthday party and an outside entertainer. One person said to us, "There's fairly good activities here. Plenty going on."

Improving care quality in response to complaints or concerns

- People told us they would be comfortable to make a complaint if they were unhappy with the care and support, they received. One person told us, "I would have no discomfort about making a complaint if I needed to. I have never needed to though."
- The provider had a complaints policy which ensured all complaints were fully investigated in a specified timescale. Where complaints highlighted shortfalls in the service the registered manager was open about the need for improvements.

Meeting people's communication needs

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

- People's communication needs were assessed, and care plans were in place to give details about how they communicated. Information included in care plans gave examples of how non-verbal communication should be used.
- Any aids that people required to support them with communication were identified in care plans. For example, information about the use of glasses and hearing aids, which enhanced communication, was recorded.
- The provider informed us that information could be made available in different languages and formats in accordance with people's needs.

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 our last inspection we rated this key question Good. At this inspection the rating has remained the same. 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; 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 was committed to providing a high-quality person-centred service to people. This ethos was passed to staff through day to day support and team meetings.
- Most people were very happy with the care they received and were especially complimentary about permanent staff. One person said, "It is unbelievably better than I expected. Staff are excellent – they do what you would like them to do." Another person commented, "Quite happy with everything. Nowhere is perfect but this is as close as you could get."
- Since the registered manager took up post, they had made positive changes to the home. This had included moving the area which cared for people living with dementia from the second floor to the ground floor. This helped to promote people's independence to move around independently inside and outside.
- People and staff were extremely positive about the management of the home. Everyone we asked described the registered manager as extremely approachable and supportive.
- The registered manager kept the CQC informed of all significant events at the home. They were open and transparent about incidents and informed other agencies in accordance with their legal duties.

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

- The registered manager and provider were pro-active in monitoring quality and driving improvement. The registered manager spoke passionately about plans to constantly improve the care and support people received. They had made several changes to drive improvements. This included enhancing the activity programme, arranging a schedule of meetings with staff and redecoration of the home.
- People could be confident the registered manager and provider were aware of their concerns about the high use of agency staff. They had recruited some new staff and continued to look at ways to attract permanent staff to the home. They had engaged an outside consultancy to evaluate staffing and make recommendations. They had adjusted staff working patterns to minimise the impact on people.
- The provider carried out regular audits to monitor quality. Any shortfalls identified were developed into an action plan which was overseen by the provider's quality team. The oversight helped to ensure that quality monitoring led to improvements.
- The registered manager was very visible in the home which enabled them to oversee practice on a day to

day basis. This also enabled them to seek people's views on an informal basis and make adjustments as necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The staff worked in partnership with other professionals to support people. This included working with healthcare professionals to provide rehabilitation to people leaving hospital.
- The provider sought people's views in a variety of ways. This included holding 'Always' events to enable people to share their opinions and ideas. Quality audits also included speaking with people and staff.
- The registered manager held regular meetings with staff. This enabled them to share information with staff and also to seek their views and ask for suggestions about the running of the home.
- The activity staff had links with community groups which supported people to continue to follow their interests, beliefs and hobbies. Staff from the home took part in fund raising activities. This helped people to stay connected to their local communities and be able to support causes which were important to them.