

Lavender House Care Home LLP

Lavender House Care Home

Inspection report

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Date of inspection visit:
12 June 2019

Date of publication:
17 July 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Lavender House Care Home is a residential care home providing personal care to 31 older people at the time of the inspection, in one adapted building. The service can support up to 36 people.

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

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 received outstanding care and support by a registered manager and staff team that were very committed, compassionate and knowledgeable. Staff actively encouraged people to express their views and be involved in the day-to-day running of the service. People took part in interviewing potential new staff and creating food menus that both met their preferences and any dietary requirements. People were consulted about all aspects of their care and support.

Staff were flexible and responsive to people's individual needs and preferences, finding creative and innovative ways to help people live as full and meaningful a life as possible. Often, by going out of their way to provide this support. Staff were interested in and found out about people's previous life interests and hobbies and encouraged and supported them to maintain these interests. Staff knew people very well and were skilled at engaging them in activities they enjoyed, including trips outside of the service. Engagement in activities and support networks outside of the service was an important part of people's lives. Staff enabled people to have links within the local community and were always looking to build further links.

There was a strong recognition from staff that people were individuals with individual needs. Staff spoke enthusiastically and passionately about how they provided people with high quality, person-centred care. Staff were skilled at recognising when people were feeling vulnerable, needed reassurance and empathy and how this should be given.

People's wishes, suggestions and concerns were listened to, respected, and acted on. Staff took time and strove to overcome any obstacles to help people achieve their wishes and how people wanted to spend their time. This made people feel cared for and valued.

Staff knew how to protect people from risk and harm, and how to report concerns. Staff identified any accidents and incidents that happened and quick action was taken. Learning was shared with other staff, to reduce the risk of it happening again.

Risk management plans provided detailed information for staff on how to reduce and monitor the risks to people's health and welfare. Equipment and technology were used to increase people's independence and support people's well-being. People were having their medicines as prescribed. Staff were working with

social care and health professionals and current guidance to promote people's well-being. Visiting stakeholders had very positive comments about the service provided and how staff worked collaboratively with them.

People received a very kind and compassionate service from staff who knew their care and support needs very well. Staff maintained and promoted people's privacy and dignity and respected their equality and diversity.

Recruitment checks were in place to make sure potential new staff were suitable to work with the people they supported. Staff were trained to meet people's care and support needs, and development opportunities were in place for staff to increase their skills and knowledge. Supervisions, appraisals and competency checks were in place to monitor and develop staff.

The provider and registered manager were experienced, skilled leaders who were always clear about their expectation that a high-quality service be delivered to people. People, their relatives, representatives, and staff were encouraged to make suggestions to improve how the service was run. Audit and governance systems were in place to monitor the service, to drive forward and sustain improvements. The registered manager and their staff team linked up, communicated and worked with other organisations to ensure people's well-being.

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 16 December 2016).

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?

Good ●

The service was 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 caring?

Outstanding ☆

The service was exceptionally caring.
Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally 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 House 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

The inspection team consisted of an inspector, an inspection manager 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 House 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 information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including the safeguarding team. We used the information the provider sent us in the provider information return on 5 February 2019. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including two of the provider's directors, the registered manager, a senior care worker, a care worker and the activities co-ordinator.

We reviewed a range of records. This included two people's care records and medication records. We looked at a variety of records relating to the management of the service.

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained and knew how to recognise and report incidents of harm and poor care. A staff member told us, "If I thought someone was being abused, I would go to the manager. [They] would go to the owner. Concerns can be reported to CQC and local authority."
- People said they felt safe living at the service. A person told us, "I'm safe and looked after."

Assessing risk, safety monitoring and management

- People had individual risk assessments in place as guidance for staff to monitor these risks. These were updated to make sure they met the person's current needs.
- A director told us they employed a health and safety officer. They explained this role included day-to-day compliance checks on equipment, including moving and handling equipment, and fire safety equipment. Any required repairs were acted on promptly.
- Equipment and technology were used to increase people's independence and support people's well-being.

Staffing and recruitment

- New staff had checks carried out on them to make sure they were suitable to work with the people they supported.
- A dependency tool was used to determine the number of staff needed on each shift, to meet people's care and support needs. People had no concerns about staffing levels. Care calls bells were observed to be in reach, so people could summon staff when needed. One person said, "If I need help during the night, I ring the bell and never have to wait long [for staff]."

Using medicines safely

- People told us they had no concerns about how their medicines were managed by staff. A person said, "I get my tablets on time, I'm never rushed to take them."
- Medicines were stored, administered and disposed of safely by trained staff, whose competency to do so was checked by more senior staff.

Preventing and controlling infection

- Staff had training in infection control to help prevent the risk of cross contamination.
- People's rooms and communal areas of the service were clean, with no malodours.
- Staff confirmed that Personal Protective Equipment (PPE) such as aprons and gloves, were to be changed after every care and support task. They said, "We have never run out of PPE."

Learning lessons when things go wrong

- A director told us the health and safety officer and registered manager regularly met to discuss any accidents or incidents to look for any trends or patterns. This information would then inform any action taken to reduce the risk of recurrence.
- Staff gave us examples of learning from an incident. One staff member said, "[We are] transparent, we don't hide it. Accidents [can] happen."

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 remained the same. 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

- Staff worked with guidance and information from representatives of health professionals such as speech and language therapists, community dietitians, district nurses, physiotherapists, tissue viability nurses and GPs. This promoted people's well-being and helped staff deliver effective care and support.

Staff support: induction, training, skills and experience

- New staff completed an induction which included training and shadowing another staff member until competent and confident to deliver care.
- Staff's knowledge to deliver safe and effective care was developed through a training and development programme, and spot checks on their work. This also included supervisions and appraisals. Supervisions tested and checked staff knowledge on the different training they had attended. A person said, "The staff seem very well trained."

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

- Staff encouraged people to eat and drink sufficient amounts of food and fluids. People told us they were offered choices if they did not like the menu option. Choices of menus were presented to people in large print and picture formats to help people's understanding.
- Staff supported people with their meals in a patient and unhurried manner. A person said, "The food is very good and there's plenty of it." Another person told us, "Meals are very good here."
- People with specific dietary needs due to preferences or a specific health condition were catered for.

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

- People were supported to live healthier lives with access to external health professionals when needed. A relative told us, "I'm told straightaway if a GP needs to be called out for any reason." A person said, "If I need a doctor, they arrange one for me without any delay."

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

- The service decoration and signage supported people to navigate their way safely around the building.

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 were trained and had good understanding of the MCA and DoLS. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. A staff member confirmed, "Everyone who needs a DoLS has one... Mental Capacity Act means you always assume capacity. [People] they make unwise decisions and so do we at times. They have choices."

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 now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff made sure they celebrated a person's birthday with them whilst in hospital. This made the person feel extremely valued, cared for and that they really mattered as their birthday had not been forgotten. These compassionate and personal touches by staff and the impact this had on the people they supported had also been acknowledged by visiting stakeholders. Comments included, "Outstanding care; the staff genuinely care about the people they supported," and, "Amazing, friendly staff; wonderful atmosphere; a pleasure to work collaboratively with." Other compliments included, "Very caring staff, displaying a good level of knowledge" and "Amazing service from all members of staff; Excellent care for residents on every visit.". Staff were highly motivated and passionately enjoyed working at the service. Staff told us they would be very happy for someone they cared about to live there. It was very evident staff genuinely cared for people and their main focus was to enhance the quality of people's lives and well-being wherever possible. We found many examples of this and the atmosphere within the service during our visit was joyous and upbeat. This, we noted had a very positive impact on people's happiness and well-being.
- Staff were working really hard to enable a person to regularly visit their loved one who resided in another providers care service. They had identified the stress and unhappiness this had caused the person by being separated from their loved one and staff were working with them to enable this to happen. The effect on the person's well-being was incredibly positive. They felt listened to, as this gesture had exceeded their expectations as they thought this request would not be possible. These individual gestures reflected the values of the service which promoted a person-centred culture that staff put into practice. Staff supported people in a particularly sensitive and respectful manner when needed and this had positive outcomes for people, as their anxieties decreased. This showed us staff knew the people they were supporting extremely well and demonstrated a genuine empathy for people. This was shown in the personalised and bespoke care and support delivered to people.
- There was a remembrance tree in the garden and memorials were held there to commemorate people who had died. We saw laminated doves in the branches of the tree placed by people, their friends and families to remember their loved ones. This made people feel they mattered and became a special place they could go at any time and pay their respects. People's individual religious needs were also met. Staff arranged visits from representatives of different religious organisations to the service. Staff had also set up some one-to-one bible studies from a representative of a nearby cathedral. This was for a person whose religion had formed a very big part of their life prior to moving into the service. This had a hugely positive holistic impact and gave the person back what had been missing from their life and boosted their well-being. The activities co-ordinator said, "It is about going the extra mile [for people]."
- Without exception, everyone said staff were very kind and compassionate. One person said, "[Staff] really

are very caring." Another person told us, "[Staff] are absolutely superb." A third person told us, "I enjoy the care I get from all the staff, I'm very comfortable."

- People's human rights, individuality, and equality and diversity underpinned the culture and values of the service and how staff supported people. We saw many examples of personalised care being carried out by staff in a way that had been tailored to the individual person's needs. Staff an excellent understanding of why this was important to treat everyone as their own unique person and with dignity. Dignity training included the trainer purposefully ignoring staff, talking over staff when speaking and making staff feel not listened to. This clearly showed staff the impact this type behaviour had on a person, and why treating people as individuals made them feel listened to. Observations showed staff engaged with people in an extremely positive, uplifting and respectful way. As a result of this, we saw staff rewarded with smiles, great affection and the service was often heard to be filled with laughter.

Respecting and promoting people's privacy, dignity and independence

- One person had expressed their wish to contact an old friend and neighbour and write to them before they died. The activities co-ordinator had in their own time, tracked this person down by researching the area the person used to live in. Because of this, these two old friends were able to re-establish their friendship and make contact with each other again by letters. This demonstrated to us that staff went above and beyond expectations to help people maintain relationships that were very important to them.
- People told us, and we saw that staff respected people's privacy and dignity. Staff told us they adapted how they introduced themselves to people who had sensory impairment. A staff member said, "[We] knock on the door, some people don't hear the door, so we will shout to let them know we are coming in."
- The promotion of people's privacy and dignity was embedded into the everyday practice of the staff team. People were treated with the utmost respect. Personal care support was only delivered in private and people looked clean, tidy and dignified in the way they were dressed. This made people feel that they mattered to staff. A person said, "I need help to wash and dress, but I'm always treated with dignity and respect."
- Relatives could visit at any time and were welcomed by the staff team. Relatives were invited to join their family members at service meetings and on excursions out into the wider community. Friendships between people living at Lavender House Care Home were encouraged. Throughout the day, we heard lots of laughter as groups of people chatted and joked between themselves and with the staff member present.
- Measures were in place to make sure that people's personal information, including care records were held securely to promote confidentiality.

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

- Decisions were respected and listened to by staff. We saw that more formal group meetings were held for people and their relatives to attend. Meetings were a forum in which people were encouraged to express their views and opinions. These discussions were also used to remind people of the values underpinning the service. People's right to expect a very high standard of care and support from staff was important. Prompts to remind staff of this included, 'staff have the duty to give [people] the right to make decisions and choices.'
 - People got involved to help develop the menus in line with their preferences and dietary needs. Prompts at meetings included, 'chef still welcomes suggestions for new menus'.
- The registered manager and staff team were very committed to enabling people to be involved, not only in their own care decisions, but decisions made about how the service was run. People interviewed potential new staff members and attended staff meetings. This helped people feel very valued as ideas they proposed were considered and acted upon wherever possible. For example, a suggestion about a trip to a local seaside resort had been acted on, much to the delight of the great number of people who attended.
- Staff had genuine and meaningful relationships with people they supported. It was very clear that people's

likes, dislikes and social history information was known by staff. This meant that staff were able to understand people's choices and preferences. This also generated the great conversations we heard throughout the visit.

- A staff member told us how they encouraged people to engage with staff at the service and let staff know their wishes. They said, "The dining room says 'Lavender House Family'... I am helping residents, they are helping me. I adopted residents as my aunties and uncles... I know the residents really well. I speak to them on a regular basis. I spend time with people who are in their room [getting to know them]."

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 now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- One relative told the registered manager their family member was very lonely before living at the service. With encouragement from staff, they were no longer lonely as they were now getting out of their room and taking part in what was going on within the service. Staff used innovative ways to go the extra mile to help reduce people's feeling of social isolation and for people to achieve their wishes. Staff had very detailed knowledge and great understanding of each person and their individual requirements and used this to adapt how they supported people. Staff spoke with great affection and immense pride about the people they helped support and how important it was for people to be meaningfully occupied throughout the day.
- Another person was bought art equipment as staff had identified that they doodled and liked to draw. This had a tremendously positive effect on their well-being and their anxiety had decreased. Staff knew that keeping people engaged had a very positive effect on their physical and mental well-being. A relative fed back to the service, "My [family member] was given a new lease of life at the age of 96. The activities co-ordinator was loved by my [family member]." The activities co-ordinator told us about the service's outreach programme. This was set up to enable and support people into the local community and for the local community to have links with the service. This included attendance at art classes for a person who was a gifted artist, attendance at the cinema, at pantomimes, and shared activities with the local nursery school. This helped people build their confidence and independence and continue to maintain and build new links with their local community.
- People were asked for their wishes by staff. They then placed their individual wishes onto a wishing tree within the service. Because of this, people had been able to achieve things they always wanted to do. Some had gone shopping, gone on dementia walks (dementia walks raise money through sponsorship to help defeat dementia), and attended football matches. Photographs showing the latter person's achievements ended up in the football club's programme. Another person wanted to spend their time doing needlework and equipment was purchased to enable them to do this. This helped people with their well-being and enabled them to live meaningful and enriched lives. A visiting health professional fed back to the service, "[People] have outstanding care as the staff genuinely care about their medical and social needs." This showed us that staff were flexible and responsive to the individual needs of each person. Staff strove to overcome any obstacles using creative ways to support people's well-being. We noted that some of this research was done in the staff members own time because they felt so passionately about the positive impact this had on the people they supported.
- A person confirmed to us that, "The activity [co-ordinator] goes over and beyond, [they are] very good... The activities are lovely, children visit, and we have outings to the park." This demonstrated to us that people's emotional and holistic well-being was as important to staff as their physical well-being.

- Music is known to enhance people's well-being and because of this the company had recently employed a music co-ordinator. We saw lots of people get involved in one of the sessions held and the benefits of the singing, dancing and laughter were obvious. We saw there was an uplifted atmosphere and lots of laughter. A director told us they were expanding this as they were applying to join an organisation that helped 'renew lives lost to dementia.'

End of life care and support

- No one using the service currently was receiving end of life care. When people and their relatives or representatives were happy to discuss end-of-life wishes, these were documented.
- We saw compliments and extremely positive feedback received by the service from relatives in respect of how staff supported their family member and themselves during this time. This included, "The care both [family member] and my family received at Lavender House was excellent...I am so grateful for the dignity that [family member] was afforded and the care extended to myself and my family. Lavender House is a lovely place. I miss visiting it."
- Staff worked closely with health care professionals to enable people to have the most comfortable, dignified, and pain free deaths as possible.
- Using the gold standard framework (a model that enabled staff to deliver good practice towards the end of people's lives), the registered manager and staff would work to ensure the person's religious beliefs and preferences were met. They would also work with the person's families to offer emotional and practical assistance where needed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Everyone had a personalised and detailed care and support plan in place. People, their relatives or representatives played a key role in the setting up of people's care and support plans. Staff met with people to discuss, review and agree their plans of care. This made sure information was up-to-date and reflected people's wishes, and individual needs.
- People received personalised, individual care and support that was very responsive to their care and support needs and any future goals.

Improving care quality in response to complaints or concerns

- People's ideas, suggestions, were listened to and effectively acted upon. People said they could talk to staff if they were not happy about something. Two complaints had been received by the service in the last twelve months. These had been investigated and reviewed by the management team to see if there were any recurring patterns and resolved where possible.
- A copy of the service's complaint's procedure was available in a format to help aid people with their understanding. In addition, staff held meetings with people they supported to gather their feedback and to see if they had any concerns. People told us they had no need to make a complaint. If they did, one person said, "I see [the registered manager] a lot. If I had any complaints, I would go to [them]."

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.

- Information for people was available in different formats such as large print and pictorial prompts. This meant information was given to people in different ways to enable their understanding.

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

- People and their relatives had a very good relationship with the registered manager and staff team. A relative said, "I would see [registered manager] if I had a complaint, but I haven't needed to."
- The registered manager and staff encouraged feedback and acted on it to improve the service. For example, by holding regular meetings with people and undertaking regular reviews with people about their care and support needs. A relative said "[Named staff] asks us for feedback and suggestions for what we want to do."
- Staff also told us that they felt very supported and listened to by the registered manager. A staff member said, "I'm supported very well here. I was only here on a temporary basis initially. I am very content. I also feel very supported by residents, other staff and [people's] families."
- Staff explained to us about the clear expectation for them to deliver a high standard of care and support to people. A staff member said, "It's a fantastic company to work for."
- The previous CQC inspection rating was displayed so people and their visitors could refer to this if they wished to.

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 staff team gave examples of learning when something had gone wrong or had been a near miss. They told us how they had tried to learn from it to reduce the risk of recurrence.

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

- Staff at all levels understood the importance of their roles and responsibilities.
- The registered manager notified the CQC of incidents that they were legally obliged to.

Continuous learning and improving care

- There was organisational oversight of the service. A staff member said that the directors of the service were always there if needed and very visible throughout the service.
- Audits were carried out to monitor the quality of the service provided and this included a third-party audit conducted by someone who was independent to the organisation. Any improvements needed were documented and were either completed or being worked on at the time of the inspection.

Working in partnership with others

- Very positive feedback was received by the service from visiting representatives from key organisations they worked closely with. Feedback included, "Amazing and friendly staff, wonderful atmosphere. A pleasure to work collaboratively with," and "I was impressed by the staff team work. It was quite critical to work collaboratively with residents and health care professionals. Excellent, keep up the good work."