

Lavender House Residential Home Limited

Lavender House Residential Home

Inspection report

68 Audley Road
Alsager
Stoke On Trent
Staffordshire
ST7 2QN

Tel: 01270874696

Date of inspection visit:
26 January 2017
27 January 2017

Date of publication:
20 March 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 26 and 27 January 2017 and was unannounced.

Lavender House provides accommodation and personal care for up to 20 older people. Some people have dementia related needs. There were 19 people living at the service at the time of the inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected in October 2015. At our last inspection, we found the provider to be in breach of two regulations. They were not meeting the required standards in relation to staffing and good governance and requirement notices were issued. At this inspection we found that the provider was meeting all the regulations and had made improvements to the areas identified.

People were positive and complimentary about the care provided at the home. The owner of Lavender House is also the registered manager.

We found that the service had made improvements to staffing levels and the way that staffing levels were determined. During the inspection we observed that there were sufficient staff to meet people's needs and provide personalised care. People told us that they felt safe. Staff had an understanding of the safeguarding procedures which should be followed to report any concerns regarding abuse. We saw that where necessary referrals had been appropriately made to the local authority to report safeguarding concerns.

Medicines were managed safely. Staff who administered medicines had completed training and we saw that competency assessments were carried out to ensure staff remained safe to administer medicines. We noted some minor issues regarding the recording for "as required" medicines and the storage on some prescribed creams.

Risk assessments were in place to support people. People were assessed where there were risks to their health and well-being, including nutritional, manual handling, medication and pressure ulcers. Risk assessments identified actions that were put into place to reduce the risks to the person and were reviewed regularly.

We saw that regular fire safety drills had been undertaken and that each person had a personal evacuation plan in place, which showed the support that they would need in the event of a fire. The registered manager told us that following a fire safety inspection in August 2016, the home had been issued with an enforcement notice regarding some areas where remedies were required. We saw that the home had implemented an action plan and the notice had been withdrawn in November 2016.

Staff had an understanding of the principles of the MCA. They told us that people needed to be supported to make decisions about their care and consent was needed. They also told us that there were times when they needed to make decisions for people in their best interests. We noted that training had been undertaken but there remained some gaps in staff knowledge. Improvements had been made since the last inspection with regards to DoLS application being made but we found that some MCA assessments were incorrectly completed. We recommend that the service finds out more about training for registered managers, based on current best practice, in relation to MCA and adjust their practice accordingly.

Staff received training, supervision and appraisal of their work so they had the skills and knowledge to look after people effectively. New staff completed an induction which was based on the Care Certificate. Staff received regular training updates.

People were positive about the food available at Lavender House and we found that people's nutritional needs were met effectively.

People told us they were treated in a kind and caring manner. We observed that staff treated people with dignity and respect. People were able to make choices about the way they were supported. We spoke to staff to see how well they knew the people living in the home and they demonstrated that they had knowledge about the people and their likes and dislikes.

People received personalised care which was responsive to their needs. An assessment was completed prior to their admission, which formed the basis of their care plans. The plans included information about people's health and social care needs, as well as their preferences, likes and dislikes. The registered manager told us that they were planning to develop the care plans further and were already considering a new format for the future.

At this inspection we found that improvements had been made to the systems in place to monitor and improve the quality of the service. People knew who the registered manager was and said that the management team were very responsive. We saw that numerous regular audits had been implemented and completed by the registered manager and other staff. Staff were positive about the management team and told us that they felt well supported.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. CQC check that appropriate action had been taken. Our records indicated that we had received some notifications from this service, although some had not been received from DoLS authorisations. During the inspection the deputy manager took action to ensure that the correct guidance was sought and implemented regarding statutory notifications.

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.

There were sufficient staff to meet the needs of people living at the home.

People felt safe and protected from the risk of harm or abuse. Processes were in place for staff to follow to ensure that people were not placed at the risk of abuse.

Medicines were managed safely and people received their medicines as prescribed. We noted some minor issues around the storage of prescribed creams.

People lived in a safe, clean and well maintained home.

Is the service effective?

Requires Improvement ●

The service was not always effective.

There had been some improvements regarding the implementation of the MCA and DoLS, however we found some gaps in knowledge around mental capacity assessments. DoLS applications had been made to the supervisory body to ensure that best interest assessments were completed.

Staff received training, supervision and appraisal of their work so they had the skills and knowledge to look after people effectively.

Staff told us that they felt very well supported, we saw records that all staff received supervision and appraisals.

We found that people's nutritional needs were being met. People's views on the quality of the food were generally positive.

Is the service caring?

Good ●

The service was caring.

People told us that the staff were kind and caring. We observed that people received a good standard of care.

People were treated with dignity and respect.

Staff respected people's wishes and preferences and people were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and had a good understanding of their needs.

Care plans demonstrated people's needs were assessed and people received person centred care. Care plans and risk assessments were regularly reviewed and kept up to date. However, one care plan did not reflect all the actions taken to minimise risks. The management team planned to review the format of the care plans.

There was a complaints procedure in place. People knew how to complain and felt that they would be listened to if they raised any concerns.

Is the service well-led?

Good ●

The service was well-led.

People using the service knew the management team and felt able to express their views and that these would be listened to.

Staff felt well supported and able to approach the management with any concerns.

The home had improved systems in place to monitor quality which included seeking feedback about the service from people and their relatives.

Lavender House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 and 27 January 2017 and was unannounced. The inspection was carried out by one adult social care inspector. The provider was aware of our visit on the second day to conclude the inspection.

Before the inspection, we asked the provider to complete 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. We reviewed the completed PIR and we checked information that we held about the service and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We contacted the local authority contracts and quality assurance team before the inspection and they shared their current knowledge about the home. They had no concerns regarding the service. We also contacted the local fire service to seek feedback.

During the inspection we spoke with six people who lived at the home and two visiting relatives. We spoke with the owner/registered manager, deputy manager, assistant manager, two care staff, the head housekeeper and the cook. We also spoke with two visiting health care professionals. We spent time observing the care and support that people received in the lounges and communal areas of the home during the inspection. We also observed part of a medicines round which was being completed.

We looked at the care records of three people who lived at the home and inspected other documentation related to the day to day management of the service. These records included, staff rotas, quality audits, training and induction records, supervision records and maintenance records. We toured the building, including bathrooms and with permission spoke with some people in their bedrooms.

Is the service safe?

Our findings

People who used the service and their relatives told us, "I'm pretty safe, they're all so helpful", "I like it here, I'm happy" and "She feels safe living here."

At our last inspection in October 2015, we found the provider to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not adequately protected against the risks of unsafe or ineffective care because the registered person was not ensuring at all times, that there were sufficient numbers of staff on duty. At this inspection we found that improvements had been made and the provider was now compliant with this regulation.

At this inspection we looked at staffing levels. We found that the service had made improvements to staffing levels and the way that staffing levels were determined. During the inspection we observed that there were sufficient staff to meet people's needs and provide personalised care. There were 19 people living at the home and when we arrived we found that there were three carers on duty, along with the deputy manager who was undertaking the senior carer shift. The management team told us that since the previous inspection staffing levels had been increased during busy times. Previous concerns had been raised regarding the staffing levels specifically in the late afternoon over tea time. We saw that new shifts had been implemented which meant that there were three carers on duty between the hours of 2.30pm and 9pm, plus another carer from the hours of 7.30am until 5pm. The deputy manager and registered manager were also available, as well as housekeeping staff and a cook.

The staff rotas, our observations and what people and staff told us confirmed that there were sufficient suitably qualified members of staff on duty for every shift. People told us that although staff were kept busy, there was always enough staff to provide care and support. One person told us, "There is always enough staff about; you just have to walk down the corridor and someone's about." And one relative explained "The staff are sometimes rushed but majority of the time there seem to be enough." Staff also confirmed that there were sufficient staff, we spoke with a new member of staff who told us "There seems to be enough staff, you have time to sit down and get to know people."

The deputy manager told us that there had been some recent recruitment and that two new carers plus a night carer had recently been employed. The home was now fully staffed. Extra staff had been on duty over the past few weeks, due to some staff being on induction and undertaking shifts to shadow experienced staff.

We saw that the deputy manager had developed a system to demonstrate how the dependency of the people using the service was being monitored against the staffing hours deployed. He showed us that each person had a dependency assessment and received a score which was inputted into a data base each month to calculate overall dependency levels. This assisted the registered manager to ensure that staffing levels were adequate. Throughout the inspection, we saw that staff responded quickly to any call bells and or unexpected events such as people becoming anxious or upset.

We found that effective recruitment processes were in place. We reviewed three staff files which evidenced that recruitment procedures were followed and applicants were checked for their suitability, skills and experience. Suitability checks included a robust interview, checks for criminal histories and following up references prior to a job offer being made. In all the files we looked at we saw that either a Disclosure and Barring Service (DBS) check, or the authorisation number, which confirmed a check had been undertaken, was available. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions to try to prevent unsuitable people from working with children and vulnerable adults. Two references were also evidenced, in line with the provider's policy. We looked at the dates on references and DBS checks and they confirmed that no new employee had started work before all the required security checks were completed.

The provider had policies in place for safeguarding vulnerable adults and whistleblowing. These contained guidance on the action that would be taken in response to any concerns. Staff we spoke with had an understanding of the signs of abuse and told us that they knew how to report any safeguarding concerns. We saw from the training records that staff had received training within their induction, as well as on-going refresher training on the subject. Staff were clear about their responsibility to report any concerns. They told us they would be confident to report any worries to the registered manager and believed they would be dealt with appropriately. Comments included, "I have done training around safeguarding. I would report concerns to my senior or manager, if they don't seem to be doing anything I could go to social services, the contact numbers are all in the folders," and "We have a procedure for safeguarding, I would report to (name) or I if couldn't go to (name) I would go to CQC."

We saw that the management maintained a safeguarding file, which held guidance and procedures from the local authority about how to report any suspicion or allegations of abuse. However we noted that this information was out of date, as it had been replaced by a new policy. The deputy manager was aware of this and had made referrals using the new policy, but explained that the file needed to be updated. We saw that where necessary referrals had been appropriately made to the local authority to report safeguarding concerns. We found that the outcome of these had not always been recorded within the file, but the deputy manager was able to provide this information verbally. During the inspection, the deputy manager immediately ensured that the correct procedures were obtained from the local authority and made available for staff.

People's medicines were managed safely. Staff who administered medicines had completed training and the deputy manager told us that competency assessments were carried out to ensure staff remained safe to administer medicines and we saw these were recorded on file. Regular medicine audits were carried out to ensure the records were properly completed. The provider's medication policy was available to staff in the medication room.

Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation; these medicines are called controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded. We spoke to a senior carer and observed her administering medication during the second morning. She was able to demonstrate an understanding of all aspects of medication management. We looked at a sample of six Medication Administration Records sheets (MARs). The administration of medicines included the administration of creams as part of people's personal care. We saw evidence which indicated that medicines had been administered and recorded correctly. Records seen were up to date with no omissions.

However we noted there were no guidelines in place for when any prescribed 'as required' medicines should

be administered. Some people using the service were not able to verbally communicate if they needed an 'as required' medicine such as pain relief. Guidelines for staff about how people would communicate non-verbally their need for an 'as required' medication were required. We discussed this with the registered manager who assured us that these would be implemented.

Medication was stored in a medication trolley which was secured to a wall in a dedicated storage room. Separate storage facilities were available for controlled drugs and medication requiring cold storage. Whilst we found that the majority of medicines were stored correctly we saw that there were three tubes of cream which according to their instructions should have been stored in a fridge and were not. We also saw that the date of opening had not been recorded on these creams. It is important to ensure that this date is recorded, so that they are not used outside of their expiry date. The staff member was aware of this requirement and told us that this had been an oversight. During the inspection she took appropriate action and contacted the pharmacist to confirm whether the medication could continue to be used.

Risk assessments were in place to support people. People were assessed where there were risks to their health and well-being, including nutritional, manual handling, medication and pressure ulcers. Risk assessments identified actions put into place to reduce the risks to the person and were reviewed regularly.

There was a system in place for recording and reporting incidents and accidents. Forms were completed following an incident or accident and were reviewed by the management team, so they were aware of any potential risks to people. Where accidents had occurred the registered manager investigated them and action was taken to reduce further incidents wherever possible. An incident and accident matrix was also in place, which recorded any incidents and the action taken to prevent further occurrences. For example we saw that one person had experienced a number of falls and appropriate action had been taken to reduce the risk of further falls. This included, consulting with a health professional and introducing a sensor mat and a bed raiser.

We saw that the deputy manager had carried out a detailed audit in February 2016 to identify whether there were any themes or trends, so that necessary action could be taken to reduce further incidents. We noted that it would be beneficial to increase the frequency of these audits.

The home employed a maintenance person. We reviewed their records, which demonstrated that regular checks were conducted on the facilities and equipment, to ensure they were safe for the intended use. This included fire safety systems, call bells, water temperatures and electrical equipment. Gas, water and other appliances were also regularly serviced.

We saw that regular fire safety drills had been undertaken and that each person had a personal evacuation plan in place, which showed the support that they would need in the event of a fire. The registered manager told us that following a fire safety inspection in August 2016, the home had been issued with an enforcement notice regarding some areas where remedies were required. We saw that the home had implemented an action plan and the notice had been withdrawn in November 2016.

Since the last inspection, the home had implemented an emergency and business continuity plan, which included guidance for staff about what to do in the event of an emergency, such as an unforeseen staff shortage or if people had to be evacuated from the premises. Each of the senior care staff held a copy of this plan.

We carried out a tour of the premises and we saw that people were cared for in a clean and hygienic environment. Staff were wearing appropriate gloves and aprons to reduce the risk and help the prevention

of infections. The home was well decorated and well maintained. Security measures had recently been installed including CCTV monitoring of the outside of the building and bio-metric recognition (finger print) access to the building, to increase security measures.

Is the service effective?

Our findings

People and their relatives said "She likes the food and has actually gained weight" and "I can't complain about anyone."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Following our last inspection in October 2015 we noted some issues of concern relating to the application of the MCA and DoLS which required improvement. 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 were being met. We discussed the requirements of the MCA and the associated DoLS with the management team who were aware of these requirements and showed us that a policy had been implemented since the last inspection.

We saw that the registered manager had developed a system to record those people for whom a DoLS application had been made, with the outcome and date when the authorisation needed to be renewed. At the time of our inspection there were seven people subject to a DoLS authorisation and everyone else living at the home had been referred for an assessment by the supervisory body (the local authority).

We found that staff had some understanding of the principles of the MCA. They told us that people needed to be supported to make decisions about their care and consent was needed. They also told us that there were times when they needed to make decisions for people in their best interests. For example a staff member said, "People are given as much choice as possible and have their own routines. But we also have to take into account best interests."

We saw that mental capacity assessments had been completed regarding people's care and treatment at Lavender House. However we found that two of the mental capacity assessments reviewed were contradictory and the outcomes were inaccurate based on the information recorded. For example one assessment outcome states that a person had capacity to make the decision but the information within the assessment indicated they lacked capacity. We saw that two DoLS applications had been made for people, but these were unnecessary because the records indicated they had the capacity to consent to their care and treatment. Whilst people's human rights had been protected because the service had ensured applications had been made for best interest assessments, we found there were some gaps in the staff's knowledge around MCA and the accurate completion of assessments. The management team told us that they had undertaken some training around MCA and had received some support from health professionals in this area since the last inspection.

Improvements had been made since the last inspection with regards to MCA assessments being undertaken and DoLS application being made. However, we recommend that the service finds out more about training for registered managers, based on current best practice, in relation to MCA and adjust their practice accordingly.

Staff received training, supervision and appraisal of their work so they had the skills and knowledge to look after people effectively. New staff completed an induction which was based on the Care Certificate. This certificate has been developed by health and social care organisations to provide a set of nationally agreed standards for those working in health and social care. Two staff members were undertaking the Care Certificate. A new member of staff told us and we saw from the records, that they were completing an induction and this included working alongside more experienced staff, until they were confident and competent to work unsupervised.

We examined training records which demonstrated that regular training was provided. The registered manager maintained a spread sheet record of staff training and recorded when staff had completed training sessions. This allowed the registered manager to monitor the training and to check when it needed to be updated. We saw that staff had received training provided by an external organisation and included areas such as, medication, manual handling, safeguarding, health and safety, fire safety and infection control. A visiting health professional told us that "Staff are knowledgeable and proactive, they will pick things up."

Further training was also available in other areas and we saw that staff had undertaken "virtual reality" dementia training, which enabled staff to gain an understanding of people's experience of dementia. One staff member told us that this training was "a real eye opener" and they felt this had really benefitted them. Other training included diabetes awareness and staff received mentoring support from the clinical care coordinator, in different topics. Staff were supported to develop their skills and knowledge, with a number of staff undertaking National Vocational Qualifications (NVQ's)

Whilst we found that staff were appropriately trained and skilled, one person living at the home raised a concern about the response received from staff when requesting "as required" pain relief during the night. He had been advised that not all staff were trained to administer this medication and had to wait until a senior or member of the management team were available. He told us that this had happened occasionally. We discussed this with the registered manager who told us that night staff were trained to administer this medication and thought that there may have been some confusion due to the recent use of some bank night staff. She assured us that she would address this with the staff immediately.

Staff told us that they felt very well supported, we saw records that all staff received supervision and appraisals, staff told us that they found this useful. The registered manager maintained a matrix to record when staff had received and were due supervision, we saw that staff had in the main received supervision every two months.

We found that people's nutritional needs were being met. People's views on the quality of the food were generally positive. Overall people told us that there was plenty of food available and they were able to choose from a menu. Comments included, "The food is marvellous" and "Very nice".

We observed breakfast and lunchtime and people told us that they were enjoying the food on the day of the inspection and one person commented that it was "lovely." People were provided with several choices at breakfast time, including fruit, cereal and toast. There were two choices of main meal available at lunch time; alternatives were available if people did not like the choices. We saw that the menu was displayed in pictorial format on a white board in the dining room, to support people to make suitable choices. Most

people ate in the dining rooms but we saw that two people ate in the privacy of their room, as was their choice.

We spoke with the cook and other staff who were knowledgeable about people's nutritional needs, for example a staff member was able to tell us which people had specific dietary requirements, such as those with diabetes, at risk of weight loss or who required a pureed diet. We observed that staff supported people at meal times in an unhurried and sensitive manner. Some people needed encouragement and/or support to eat their meals, which staff provided. We also noted that staff also encouraged people to be as independent as possible. The cook told us that she sought feedback from people about the food and adjusted the menu accordingly.

We saw from the records that people's nutritional and hydration needs were recorded. There was evidence that staff monitored those people who were at risk of losing weight and action taken where concerns had been noted. For example we saw that where it was noted that a person had lost weight staff contacted the GP and a referral was made to a dietician. We spoke with staff who knew that this person was a risk of weight loss and the plan in place to support them. We saw that other people had gained weight since their admission to Lavender House. One relative told us, "They keep an eye on her weight."

Lavender House had been awarded a food safety rating of five, in their latest food safety inspection undertaken in January 2017. This meant that their food hygiene standards were rated as very good.

People were supported to maintain good health. Records showed that staff sought advice from the doctor and made requests for specialists when they believed this to be necessary in order to meet people's needs. We saw that people had access to their GP, district nurses and other specialist such as audiology when this was required. Referrals had been made to health professionals such as dieticians and mental health practitioners. We spoke with a visiting health professional from the local GP practice, who provided support to the home under the clinical care coordinator scheme. The coordinator visited the home at least weekly to provide mentoring support, as well as some training sessions to staff, which was proactive. The registered manager told us that she was keen to work with other professionals to ensure a best practice approach.

Is the service caring?

Our findings

People and relatives we spoke with, told us that staff and management were very caring. One person said, "They are very good and kind." Relatives told us "They are kind and caring" and "It's homely and friendly."

We found that the atmosphere in the home was calm, friendly and relaxed. During the inspection we observed how well staff interacted with people who use the service. We heard that staff were kind and caring in the way that they approached people. We saw for example that a person was singing during breakfast, one of the carers joined in and encouraged others to sing as well, people were smiling and the atmosphere was bright.

There were a number of thank you cards and compliments about the service available to read. Some of these were very complimentary about the care that people had received. One comment included "A big thank you to all for the care and kindness you have shown."

It was evident that positive caring relationships had built between staff and people. All of the interactions we saw were appropriate, respectful and friendly. When we asked people how they were treated people told us that they were treated well, one person told us "They treat me very well". Someone else told us "The girls (staff) are nice." A visiting relative felt that the staff team was stable and that "Staff have good relationships with people." We found that the staff we spoke with understood the importance of providing support in a compassionate manner. One staff member commented, "We care" and someone else told us, "I would be happy for my parents to live here."

We spoke with two visiting care professionals during our inspection. Both were very positive about the way people were treated by staff. They told us "The staff approach is very good and the resident's needs are met very well. New residents settle very quickly, they look after the welfare of the residents" and "They (staff) are always very courteous to everyone and always have time for people." Visitors and relatives could visit Lavender House at any time and those spoken with told us they were made to feel welcome by the staff.

We spoke to staff to see how well they knew the people living in the home and they demonstrated that they had knowledge about the people and their likes and dislikes. They were able to tell us about people's individual care needs. For instance, one carer spoken with clearly knew people's specific dietary needs. Another member of staff was able to tell us about people's preferences and had a good understanding of people's histories, such as one person living at the home was an avid gardener.

People were supported and involved in planning and making decisions about their care. We saw that where they were able to, people had been involved in the development of their care plans. People told us that they were given choices about the way their care was delivered. Comments included, "I get up when I'm ready," and "They help me with a shower, which I have more or less when I like." Staff confirmed that enabling people to have choice and independence was important. They told us "It's their free will, we're very resident centred" and "People are given as much choice as possible." Information and advice was also available in written format at the entrance to the home and on notice boards. This included information about how to

make a complaint and ensured that the person living at the home and their relatives had access to information in a way that was accessible.

We found that staff ensured that people's dignity and privacy were maintained. People were treated with respect. We observed that staff knocked on people's bedroom doors before entering and ensured that doors were closed when carrying out personal care. We observed a carer asking someone whether they required support with their toileting needs and we noted that the carer was very discreet and ensured that the person's dignity was maintained. There were a number of double rooms within Lavender House and we saw that within these rooms, curtains and screens were used to maintain people's dignity. Staff members told us "Everyone treats people with dignity" and "No-one's privacy is compromised."

Staff told us that maintaining dignity was promoted by the management. We spoke with one member of staff who told us that treating people with dignity and respect had been discussed during their induction. We also saw that the importance of respecting people's wishes and choices was also discussed within staff supervision meetings.

Is the service responsive?

Our findings

People told us that the care and support provided at Lavender House was responsive to meet their needs. One person told us "I'm very happy with the place." Relatives commented "I wouldn't move my (relative)" and "She's very contented here."

We found that people received personalised care which was responsive to their needs. We observed that people living at the home looked clean and well cared for. We saw that people who stayed in bed had access to a call bell. One person told us that when they used the call bell staff usually responded quite quickly, they said "They do their best to attend to you straight away."

We spoke with members of staff about individual's care needs and how their needs were met. The staff were able to tell us about the care they provided and about how people liked their care to be given. Staff told us that they read people's care plans, one staff member said "They have a care plan that we all read, we get the history of people and talk about the past." A visiting health professional confirmed "The staff approach is very good, the resident's needs are met very well."

People and their relatives had been consulted with in the development of the care plans. Relatives told us "They do have reviews and they phone all the time" and "They will keep me informed about any changes to the care plan." Where possible people were able to make choices about the care that they received. For example we saw that people were able to choose whether they would like to eat their meal in the dining room or their bedroom. We heard a member of staff ask someone whether they would like to sit in the lounge or remain in the dining room.

We inspected the care records of three people who lived at the home. People had an assessment completed prior to their admission, which formed the basis of their plans of care. The plans included information about people's health and social care needs, as well as their preferences, likes and dislikes. For example one plan said that the person liked conversations and the company of others, another specified a certain drink that a person liked. They included information covering personal care, mobility, continence, communication, eating and drinking, cultural, spiritual and emotional needs.

Assessment tools had been used to identify if there was any level of risk, such as nutrition and pressure ulcers. When risks had been identified, there were appropriate risk assessments in place that detailed the identified risk and the action that needed to be taken to minimise the risk. For instance, we saw that pressure relieving mattresses and cushions were in use where identified. However we found that further information could be included regarding the management of risks, because we found that although appropriate action had been taken to manage the nutritional risk to one person, all the actions being taken were not fully recorded in the care plan.

We saw the care plans included information about how to ensure that people's communication needs were taken into account. For example it was recorded on one person's care plan that information needed to be provided in large print due to the person's sight loss.

We found that the care records provided sufficient detail to enable the staff to know how to meet people's care and support needs. Care plans were written electronically but where changes had occurred these were handwritten. We noted that one care plan in particular had a number of handwritten changes and we discussed with the management team that it would be appropriate to re-write the care plan fully to reduce the risk of any possible confusion. The registered manager told us that they were planning to develop the care plans further and were already considering a new format for the future.

We saw that there was an activity programme in place which was on display in the reception area. Activities included musical moments, outside entertainers and outings were also organised. The care staff were responsible for organising the activities and we observed during the inspection that staff spent time with people in the lounges and an exercise activity was taking place. Comments received from people included "Yesterday we had a singer, he was good, there is enough going on" and "They go out in the summer and she enjoys the sing songs." The registered manager told us that they were considering employing a dedicated activities person for the future.

People said that they felt able to raise any concerns with staff. One person explained, "I could speak to someone if I had any complaints, I know all the staff." The service had a complaints policy in place. The deputy told us that the complaints procedure was usually on display in the reception area but was being re-printed at the moment, which was why it was not on view. We saw that the registered manager had a system for logging any complaints, which were documented with any actions taken to resolve them. There had been two complaints in the past 12 months, which had been appropriately addressed.

There was information available in the front entrance of the home. We noted that there had not been any recent meetings with people living at the service or their relatives to enable them to express their views; the last one was recorded to have been held in March 2016. The registered manager was aware of this and informed us that she had planned to reinstate these meetings more frequently. However, because the home was relatively small, the management team were very visible and in regular communication with relatives and visitors to the home.

Is the service well-led?

Our findings

We found that the service was well-led. People knew who the registered manager was and said that the management team were very responsive. Comments included "If I had to complaint I'd ask to see (name), he's very good and will sort things out" and "I'm very happy with the place."

At our last inspection in October 2015, we found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered person had not established or operated effective systems or processes to monitor, improve the quality and safety of the service provided. At this inspection we found that improvements had been made and the provider was now compliant with this regulation.

We saw that numerous regular audits had been implemented and completed by the registered manager and other staff. Audits were carried out in the areas including infection control, medication, training, supervision and finances. We saw for example that the frequency of medication audits had been increased to monthly. As well as these internal audits an external pharmacist had undertaken a medication audit in March 2016, we saw that all recommendations following this audit had been completed.

There were some systems in place to seek feedback from people using the service and their relatives. We saw that a "Family and friends" survey had been undertaken which sought feedback about the quality of the service in areas such as cleanliness, quality of the food and atmosphere. There were some positive comments, for example feedback stated that staff were "Very kind, very patient". Some actions had been identified as a result of this survey, including more variety of entertainment and the decoration of some areas in the home. The registered manager also planned to re-introduce more frequent relatives/visitor meetings. Action had also been taken to address the areas which required improvement following the last inspection.

The registered manager was also the owner of Lavender House and was registered with The Care Quality Commission (CQC). The registered manager understood her responsibilities and was well supported by a wider team, including a deputy manager. The registered manager was not available on the first day of the inspection and we liaised with the deputy manager. We met with the registered manager on the second day.

We found that the management team demonstrated good knowledge about all aspects of the home. They were focused upon making continued improvements to the home and had plans for further developments, which included the recruitment of another senior carer, the possible recruitment of an activities coordinator and new formats for the care plans. We observed that the registered manager and deputy manager were very visible around the home. Their office was based next to the dining room and they regularly spoke with relatives and visitors. The registered manager told us that she was keen to promote best practice and sought guidance from health and care professionals as required. We noted however, that further guidance and support would be beneficial to ensure full compliance with the MCA.

The provider had clear policies and procedures in place. These included dignity, complaints, DoLS and infection control and were readily available to staff. A statement of purpose and resident's guide were available for people to view in the reception area. We noted that the statement of purpose had been reviewed since the last inspection to ensure that it was brought up-to-date with current regulations.

Staff were positive about the management team and told us that they felt well supported. People and staff told us that the registered manager was approachable and that they felt able to raise any concerns which would be acted upon. Comments included "If I wasn't happy I would speak to staff and they would deal with it," and "You can talk to (name) and she would listen to any concerns."

We observed that staff communicated well and the approach was one of team work. Observations made during the inspection demonstrated that staff were organised and understood their roles. We saw that team meetings were held monthly and the records of these meetings showed that a range of topics were discussed, including care plans, health and personal care needs. The minutes from December 2016 demonstrated that the registered manager had set out her expectations of staff and included discussions around the quality of the care provision.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. CQC check that appropriate action had been taken. Our records indicated that we had received some notifications from this service. However we saw that further notifications should have been submitted around DoLS authorisations. The registered and deputy manager acknowledged that this had been an oversight as they were not aware of this requirement. During the inspection the deputy manager took action to ensure that the correct guidance was sought and implemented regarding statutory notifications.