

Caretech Community Services (No.2) Limited

The Lavenders

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Lavenders is a seven bedded care home for people with learning disabilities. On the day of our visit there were six people living in the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

People told us people they were happy with the care and support they received because they felt safe and all their needs were met by kind and caring staff.

People praised the manager of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the manager.

The staff team was committed to providing a high-quality service and keeping people safe. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well. Staff managed the risks to people's health and welfare.

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 were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. When people did not have the capacity to make their own decisions, staff maximised their involvement and made decisions in their best interests, in accordance with legislation.

Care plans contained detailed information about each person's individual support needs and preferences in relation to their care and health and we found evidence of good outcomes for people

Recruitment practices were safe and relevant checks had been completed before staff worked at the service,

People told us staff were able to meet their needs and were respectful of their individual preferences.

Relatives told us staff who supported their family members were kind and caring.

People received care and support from a small group of staff, which provided consistency.

The managers of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

The provider had systems in place to monitor and improve the quality and safety of the service provided.

More information is in the full report.

Rating at last inspection.

At the last inspection we rated this service Good. The report was published on 21 July 2017.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

Good ●

The service was caring.

Details are in our caring 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

The Lavenders

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

Inspection team

The inspection was carried out by one inspector 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

The Lavenders 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

We carried out the inspection visit on 10 January 2020. It was unannounced.

What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR 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.

During our inspection we went to the service's office and spoke with the registered manager and two support workers and the carer/driver. We also spoke to two people who used the service. Most people using the service were non-verbal so we observed interactions throughout the day. We looked at two care records

and two staff records; we looked at various documents relating to the management of the service. After the inspection visit we spoke to three relatives.

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 requires improvement. At this inspection this key question has now been rated as good. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with, told us they felt safe using the service, Comments included. "The staff are very nice and take great care of him" and "I know she is being looked after well."
- The service had systems in place to protect people from abuse and avoidable harm. Staff understood the safeguarding policy and knew what to do and to whom to report if they had any concerns about people's safety.
- A member of staff told us "We protect our residents, we can always tell if something is wrong."

Assessing risk, safety monitoring and management

- Fire systems and equipment were monitored and checked to ensure they were in good working order. A maintenance team was always available to ensure continuous safety.
- Each person had a personal emergency evacuation plan which detailed the support they required to leave the premises in an emergency.
- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were very detailed and developed to maximise people's independence and ability to remain in control of their life.
- Staff we spoke with were knowledgeable about the guidelines provided and could explain how they would support people in a safe manner. Staff had an excellent understanding of people's behaviour support plans and could confidently explain how they would support people to manage any distressing behaviours.
- Environmental risks and potential hazards within people's rooms had also been identified and were managed appropriately.

Staffing and recruitment

- The service followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.
- Most people needed a high level of staff support and there were always enough staff to support people safely and provide one to one attention.
- Most staff had been working in the service for some time, and staff turnover was very low, thus providing a good continuity of care for people using the service.
- People and their relatives told us they knew the staff well and had built good working relationships with them.

Using medicines safely

- Medicines were safely acquired, stored, administered and disposed of safely where people refused to take their medicines or no longer required them.

- All staff had completed medicines training and their competencies had been checked to ensure they had the knowledge and skills to support people safely. Staff told us they felt confident to support people with their medicines.
- Where people were supported with their medicines, a medicines administration record (MAR) was completed accordingly. We checked a sample of these and found them to be accurate.
- Health professionals reviewed people's medicines regularly to ensure they were effective for their recovery.
- Medicines safety was audited on a regular basis and any rare errors were quickly corrected.

Preventing and controlling infection

- The provider had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- Staff had access to personal protective equipment, for example, gloves and aprons. This helped to minimise the risk of infections spreading.
- The home was very clean and free of offensive odours. Staff told us that they took great pride in having a clean environment.

Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's preferences and care needs had been recorded in detail and those who used the service and their families were given the opportunity to be involved in the care planning process.
- The manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues. We saw in one care file that there was a list of useful Swahili and Gujarati phrases to assist with communication for one person.
- The manager told us that they kept up to date with good practice in many ways, including attending meetings and reading numerous publications. This ensured that staff delivered care in line with all relevant guidelines.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well. Most staff had achieved nationally recognised qualifications in care.
- Staff received specific training about challenging behaviour, autism and epilepsy awareness.
- New staff completed an induction which included, completing mandatory training and working alongside experienced members of staff before working alone.
- Staff felt very well supported. Supervisions were mainly undertaken on a group basis. The registered manager told us the provider was in the process of introducing an electronic supervision process to ensure that individual supervision took place on a regular basis.

Supporting people to eat and drink enough with choice of a balanced diet

- People were encouraged to get involved in decisions about what they wanted to eat and drink. People received support to get involved in choosing their meals.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce the risk. When people were at risk of choking we saw staff followed the guidelines in place to support them to eat and drink safely.
- Staff told us that they went shopping with people and encouraged them to make healthy choices.
- A staff member told us "We always encourage people to eat healthy foods and not too many biscuits."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as day centres, social workers, GPs, psychiatrists and occupational therapists to make sure that people's needs were met.
- Care records recorded referrals to healthcare professionals such as, Community Learning Disability Teams

(CLDT), Speech and Language Therapist (SLT), Occupational Therapists and GP's. We saw that advice given by healthcare professionals was acted upon and included in people's care records.

Supporting people to live healthier lives, access healthcare services and support

- Where people received additional support from healthcare professionals this was recorded within their care records.
- The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals.
- When concerns were noted regarding people's health and wellbeing, information was shared with other relevant healthcare professionals.
- Health care plans were very detailed and recorded specific needs of everyone, so staff knew how best to care for that person.
- Staff demonstrated a good understanding on oral health and people told us their oral health was looked after well.

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

- The premises was a bungalow that had been adapted to meet people's needs. There were accessible bathrooms and toilets and the communal area had recently been redecorated.
- There service had a pleasant and well-maintained courtyard which people enjoyed using during the summer.

Ensuring consent to care and treatment in line with law and guidance.

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made to deprive people of their liberty within the law.
- We observed that staff asked for people's consent before they provided any support.
- A staff member told us "We must always give people a choice for example we show them clothes, so they can choose what to wear."
- Staff continued to have a good understanding of this legislation and when they should be applied. People were encouraged where possible to make all decisions for themselves.
- Care plans were developed with people and we saw that relatives had agreed with the content and had signed to receive care and treatment and gave their consent.

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 remained the same. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were kind and caring. A relative commented "The Carers, especially x and x show love and respect, but others also seem very understanding."
- Staff spoke about people with respect and compassion. It was clear they had good relationships with people.
- We observed staff interacting with people and found they were supportive, kind and caring. It was evident that staff knew people's communication needs well and were able to engage effectively with them. We observed a light and friendly atmosphere in the home.
- Staff we spoke with were knowledgeable about people's preferences, personalities and things that were important to them. This indicated staff had caring relationships with the people they looked after.
- Relatives told us their individual needs and wishes in respect of their values, culture and religion were respected.

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

- People were given information in a way which they understood. Staff used photographs, symbols and objects of reference to support communication.
- People and their representatives were regularly asked for their views on their care and their plans. Staff told us that they had enough time to engage with people to make sure that each person had everything they needed.
- Most staff had worked for the service for many years, this meant there was consistency and continuity in care.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values.
 - People were enabled to be as independent as possible and staff knew where they needed to encourage people or remind them.
- . A relative told us "The Lavenders, is the best place she has ever been too, and she has mentally and physically improved since she went there."
- People had no concerns about the way staff treated them. Staff described ways they protected people's privacy and dignity, such as knocking on doors and closing the curtains.
 - The service recognised people's rights to confidentiality. Care records were stored electronically. There was a confidentiality policy in place, which complied with General Data Protection Regulations (GDPR) law, which came into effect on 25 May 2018.

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 remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us they were happy with the care and support provided.
- People's care plans contained detailed, clear information about people's specific needs, their personal preferences, routines and how staff should best support them. The care plans covered personal, physical, social and emotional support needs.
- People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- Care plans gave staff detailed guidance so that staff knew each person's individual likes and dislikes.
- When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected.

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.

- Where people had specific needs relating to the way in which they communicated, or the support required around their communication, this was recorded within the person's care plan.
- People were given information in a way which they understood. Staff used photographs, symbols and objects of reference to support communication.

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

- Most people engaged and participated in their own interests and hobbies and attended day care centres on a regular basis. People were supported to carry out activities in the community with either one or two support workers according to their needs.
- The home had its own minibus and driver. Activities included visits to parks, museums and a local farm and going to discos. The service had recently introduced 'sensory books' which people clearly enjoyed using.
- A relative told us "My family member likes it there, and she also the outings and local activities she is taken to."
- Support staff explained the importance of developing and maintaining relationships with people they supported to avoid social isolation.

Improving care quality in response to complaints or concerns

- We looked at the complaint's records held at the office and noted that there had been no recent complaints.
- People told us that they rarely had to formally complain. They were comfortable raising any issues. They were confident that the manager would address and resolve these quickly.
- There was a service user guide on how to make a complaint on display in the office. This was in an easy read format, and included pictures, signs and symbols.

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 now remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives told us that the managers at the service were visible and known to them and approachable. A relative told us "It is a well-run nice place; the manager is very involved."
- Staff were fully aware of their responsibility to provide a quality, person-centred service.
- Staff told us of the positive management structure in place that was open and transparent and available to them when needed.
- The registered manager had recently introduced reflective practice sessions for staff so that they could share experiences and improve care to residents.
- The manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

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

- Staff were happy, and proud to be working at the service and motivation was high.
- Regular visits were made by the provider's head office and we saw regular quality assurance assessments were undertaken by them and that actions arising from these had been carried out.
- Checks took place in people's rooms to ensure that any maintenance issues were dealt with in a timely way.

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

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve.
- The provider sought the views of people using the service, relatives and staff in different ways. The manager told us they spoke regularly to people's relatives and a survey had recently been sent out to relatives and involved professionals.
- A relative told us "I think he is well looked after there, and they speak to me regularly."

Continuous learning and improving care

- The manager told us he regularly attended locality managers meetings and leadership forums and received on-going support from the locality manager; they also worked closely with the local authority.

- Staff also told us that they were supported to apply for promotion and were given additional training or job shadowing opportunities when required

Working in partnership with others

- The service worked with speech and language therapists, social workers, GPs and day centres to ensure relevant information is passed on and there is continuity of care.