

Mr & Mrs K R Webb

Lavenders

Inspection report

Lavenders Road
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Kent
ME19 6HP

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28 February 2017

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

The inspection was carried out on 28 February 2017 and was an unannounced inspection.

Lavenders is a privately owned care home for up to 59 older people who require accommodation and personal care. The property is a detached older house, to which large extensions have been added. The accommodation is divided into wings. These are called Regency, Lavinia and Boswell. At the time of the inspection, the service was providing care to 53 people.

Rating at last inspection

At the last Care Quality Commission (CQC) inspection on 12 April 2016, the service was rated overall Good and Requires Improvement in 'Effective' domain.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 12 April 2016. We found a breach of legal requirements. After the comprehensive inspection, the provider sent us an action plan dated 22 June 2016, telling us what they would do to meet legal requirements in relation to the breaches of Regulation 18 of the Health and Social Care Act Regulated Activities Regulations 2014 Staffing.

We undertook this focused inspection to check and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. We undertook this focused inspection to check that they had followed their submitted action plan and to confirm that they now met legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lavenders on our website at www.cqc.org.uk.

Why the service is rated Good.

At this inspection, we found that one to one staff supervision had not been consistent. There were gaps in supervisions which showed that staff had not sometimes had supervision for ten months or more. Yearly appraisals were inconsistent. We have made a recommendation about this.

People had access to nutritious food that met their needs. We observed that people had choices of food at each meal time. People were offered more food if they wanted it and people who did not want to eat what had been cooked were offered alternatives.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Care plans evidenced that referrals had been made to the relevant health care professionals as appropriate. People had seen their GP and emergency services when required.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was not always effective.

Members of staff were not consistently supported. Staff supervision were not up to date and annual appraisals did not take place annually.

Staff received on-going training in areas identified by the provider as key areas.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

People's human and legal rights were respected by staff. Staff had the knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

Good 

Lavenders

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 checked 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.

We undertook an announced focused inspection of Lavenders on 28 February 2017. This inspection was carried out to check that improvements had been made to meet legal requirements after our 12 April 2016 inspection. We inspected the service against one of the five questions we ask about services: is the service Effective? This is because the service was previously not meeting a legal requirement. This inspection was carried out by one inspector.

The provider did not complete a Provider Information Return (PIR), because we carried out this inspection before another PIR was required. 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. Prior to the inspection we reviewed other information we held about the service, we looked at the previous inspection report and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke to the registered manager, deputy manager, two members of care staff, the chef and two people. We observed people with staff in the communal lounge. We looked at five staff files, which included their supervision and appraisals, healthcare records and staff rotas.

We asked the registered manager to send additional information after the inspection visit, which included the training record. The information we requested was sent to us in a timely manner.

We last inspected this service on 12 April 2016 when one breach in the regulations was identified.

Is the service effective?

Our findings

At the last inspection in 12 April 2016, we found a breach of regulation 18. Staff had not received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

At this inspection, we found that improvements had not been made and the provider was not meeting the requirements of the regulations.

One person said, "They are very good. They care for you here. All the girls are nice. Yes, they do get me the doctor whenever I need one. Regarding food, compared to the place I was before, it is marvellous here. Yes, I have a choice of what I eat."

A healthcare professional commented, 'Staff have a very good knowledge of the residents and keep a very good daily diary to ensure that doctors and my requests are carried out. The GP attends for weekly ward rounds twice weekly and are very supportive. The home will always liaise and refer to the district nurse team, podiatry and SALT if required and arrange hospital and GP visits as required. In my view the home is very well run. The food is good, with what appears to be a good variety and choice.'

Staff had received induction training, which provided them with essential information about their duties and job roles. The registered manager told us that any new staff would normally shadow experienced staff, and not work on their own until assessed as competent to do so.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people living in the home. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed the management team to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles in delivering care effectively to people at the expected standard. Staff received refresher training in a variety of topics, which included health and safety, fire safety, safeguarding and food hygiene.

Members of staff felt supported by the registered manager. However, one to one formal supervisions had not regularly taken place since we last visited on 12 April 2016. For example, one staff member only had one supervision since our last inspection dated 18 February 2017. In another staff's file, they only had supervision on 26 June 2016 since our last inspection. This meant that the staff did not have one to one supervision in about ten months. The registered manager confirmed that they had identified gaps in staff supervision and were working on it. They also said, "I feel my staff are regularly supervised as we see each other daily and work with each other on shift." The registered manager and deputy regularly work alongside frontline staff in shifts as they both worked alternate weekends to support the staff. Following our last inspection, the registered manager had amended their supervision policy and removed supervision timescales. This meant that staff were unsure of when they should have supervision with their line manager. A member of staff said,

"Supervision is meant to be every 6-8 weeks but I know I am behind on some of them and trying to catch up."

Yearly appraisals had not been consistently carried out. We found in all the five staff files we looked at, they last had appraisal in 2015. The registered manager informed us in their action plan submitted to us dated 22 June 2016 'Appraisals will be completed by the end of the year (2016)'. This meant that the action plan that was put in place after our last inspection was not effective. Appraisals would have enabled staff to improve on their skills and knowledge which would have ensured continued effective delivery of care to people. It would have enabled setting of new goals, offers opportunity for feedback, which helps to motivate staff and resolve possible conflicts. We spoke with the registered manager about this and they acknowledged that these should have taken place.

We recommend that the registered manager seeks guidance to ensure that one to one supervisions and appraisals are kept up to date as is necessary.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. One staff member explained that every person has some capacity to make choices. They gave us examples of how they supported people who did not verbally communicate to make choices. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some of the people were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a Deprivation of Liberty.

Before people received any care or treatment they were asked for their consent. Staff interacted well with people, and asked them where they wanted to go and what they wanted to do. They obtained people's verbal consent to assist them with personal care such as helping them with their meals, or taking them to the toilet. Staff were aware of how to treat people with respect and that they allowed people to express their consent to different tasks.

The risks to people from dehydration and malnutrition were assessed so they were supported to eat and drink enough to meet their needs. Records of allergies were kept in people's care plans. People who had been identified as at risk had their fluid and food intakes monitored and recorded. Staff responded to concerns about people's weight or fluid intake by seeking advice and additional support from people's general practitioner (GP), specialist nurses and dieticians. Hot and cool beverages and snacks were offered to people by staff twice a day and upon request.

Staff told us how they encouraged people to eat and drink. One said, "If someone did not eat their food I would always go back and offer them something different." The chef said, "We do the menu daily. People choose what they eat and if they do not want something, we offer them another." People were very positive about the quality of the food, choice and portions. The chef was aware of the dietary requirements of people. The chef told us that they provided a variety of food and special needs/requests such as a soft diet like pureed or a diabetic diet for people with diabetes. This showed that staff ensured people's specific nutritional needs were met.

People or their representatives were involved in discussions about their health care. The doctor visited when requested and people's treatment was reviewed and changed if necessary according to their medical

condition. The district nurses and other healthcare professionals supported the home regularly. A healthcare professional said, "When people's needs change, for example, one old lady suddenly deteriorated and became bed-bound, the home aimed to keep her at home. When she became palliative, I assessed her and the district nurse team then became involved in her end of life care. The home had implemented regular mouth care and fluid balance and diet charts, as good as any nursing home can do. All in all, the home is impressive as far as I have seen and heard so far." Records confirmed that there were systems in place to monitor people's health care needs, and to make referrals within a suitable time frame. The health records were up to date and contained suitably detailed information.