

Somerset Care Limited

Lavender Court

Inspection report

Roman Road
Old Whittington
Taunton
Somerset
TA1 2BB

Tel: 01823279151

Website: www.somersetcare.co.uk

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22 January 2016

26 January 2016

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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

This inspection took place on 21, 22 and 26 January 2016 and was an unannounced inspection.

At the last inspection carried out on 11 December 2013 we did not identify any concerns.

Lavender Court can accommodate up to 69 people. The home is divided into two units and it provides general nursing care and residential care to older people. Within the building there are also 10 flats which are not currently occupied. Lavender Court is purpose built. All bedrooms are for single occupancy and are fitted with en-suite facilities. The home is staffed 24 hours a day and registered nurses are available on the nursing unit. The home is situated in a residential area close to the centre of Taunton.

There is a registered manager who is responsible for the home however they have submitted an application to cancel their registration for Lavender Court as they had moved to another of the provider's homes. 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 and associated Regulations about how the service is run.

The home was being managed by an acting manager who had worked at the home for many years as a deputy manager. The acting manager had an excellent knowledge about the needs and preferences of the people who lived at the home. They had a clear vision for the home and they made sure this was understood and followed by the staff team. They were committed to ensuring people received the best possible care and they demonstrated a very good knowledge of the legal responsibilities which would be expected of a registered manager.

Staff morale was very good and there was a happy and relaxed atmosphere throughout the home. Staff interacted with people in a very kind and caring manner and people looked relaxed and content with the staff who supported them. One person told us "I'm treated like royalty; I really am. The staff help you in such a wonderful way. They are just so kind and caring." Another person said "The staff are very pleasant, I'm treated with respect and dignity. They are all very caring and the manager is very good and comes to chat with me. The care is very good, I can make choices and I'm very well looked after you know."

People told us they felt safe at the home and with the staff who supported them. One person told us "They know what I want I don't have to worry. I feel safe here." Another person told us "I feel very safe here. They take good care of me and I have nothing to worry about at all." There were policies and procedures in place to minimise risks to people and to help keep them safe. These were understood and followed by the staff team.

People received care and support which was adjusted to meet their changing needs. People had access to appropriate healthcare professionals to make sure they received effective treatment when required. There

were safe systems in place to make sure people received their medicines when they needed them. One person told us "They'll always get the doctor if you need them. I was getting a lot of pain. I told the staff and the doctor came to see me. I have pain killers now which helps a lot."

People had their nutritional needs assessed and food was provided in accordance with people's needs and preferences. Examples included soft or enriched diets. People who were at risk of malnutrition were weighed at least monthly to monitor their well-being. People told us they were provided with plenty to eat and drink. A choice of hot and cold drinks were offered regularly throughout the day and provided on request.

People were cared for by staff who were knowledgeable about their needs and preferences. Staff received regular training to keep their knowledge and skills up to date. A visitor told us "The care is good and [person's name] is very happy. I'm happy with the care and the communications are very good. I have no concerns. The staff are good and I would tell you if they were not." A person who lived at the home said "I think the staff are wonderful. They know what's important to me. In fact; they know pretty much everything about me." Another person told us "The staff seemed very skilled. They must get good training. They all know what they are doing."

People and their visitors knew how to make a complaint. Everyone we spoke with said they felt confident any concerns would be addressed. One person told us "I've never had to report anything but if I had any complaints I would report them straight away. They would sort it out. Of that I am confident."

There were systems to monitor the quality of the service and seek people's views. People were able to give feedback in person, through comments and questionnaires and at resident's meetings.

Staff knew how to make sure people's rights were protected. They were up to date with current guidance about how to support people to make decisions and to keep them safe.

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 numbers of suitably experienced and trained staff to meet people's needs.

People received their medicines when they needed them. There were procedures for the safe management of people's medicines.

The provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Is the service effective?

Good ●

The service was effective.

People had access to a range of healthcare professionals according to their individual needs.

People were supported by well trained and competent staff.

People's nutritional needs were assessed to make sure they received an adequate diet which met their needs and preferences.

Is the service caring?

Good ●

The service was caring.

Staff were compassionate and caring in their interactions with people and their visitors.

People were treated with dignity and respect. Staff supported people to make choices about their day to day lives and they respected their wishes.

Care plans were in place to ensure people's wishes and preferences during their final days and following death were respected.

Is the service responsive?

Good ●

The service was responsive.

People told us they received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were able to take part in a range of group and one to one activities according to their interests.

Is the service well-led?

Good ●

The service was well-led.

The acting manager and the deputy managers were described as open and approachable.

The performance and skills of the staff team were monitored through day to day observations and formal supervisions.

There were quality assurance systems to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.□

Lavender Court

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 21, 22 and 26 January 2016 and was unannounced. The first day of the inspection was carried out by two adult social care inspectors 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. The second day of the inspection was carried out by one adult social care inspector and a pharmacist inspector visited the home on the third day of the inspection.

We looked at previous inspection reports and other information we held about the home before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were 26 living on the residential unit and 32 people living on the nursing unit. During the inspection we spoke with 25 people, 13 members of staff, the acting manager, two deputy managers and two catering staff. We also spoke with four visitors. We spent time in lounges and dining rooms throughout the home so that we could observe how staff interacted with people and could observe their experiences of life at the home.

We looked at a sample of records relating to the running of the home, staffing and care of the people who lived there. These included the care records of eight people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who supported them. One person told us "They know what I want I don't have to worry. I feel safe here." Another person told us "I feel very safe here. They take good care of me and I have nothing to worry about at all."

Care plans contained risk assessments which included assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. From these assessments a plan of care had been developed to minimise risks and these were understood and followed by staff. For example some people required walking aids to enable them to mobilise safely. Staff quickly interacted and reminded people to use their walking aids when they got up to walk. Records showed staff monitored people's intake of food and drink where they had been assessed at high risk of malnutrition.

People's medicines were managed safely. Systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. There was no-one looking after all of their own medicines, but systems and policies were in place to allow people to do this, after it had been assessed as safe for them. Medicines were administered in a safe and caring way to people and people were asked if they needed any medicines that were prescribed on a 'when required' basis such as pain relief. People told us they were happy with the way they were given their medicines, and that they got them when they were needed.

Medicines were recorded using an electronic system that helped to reduce the risks of doses not being given at the correct times. Staff showed us how the system was used to help with administration, recording and stock control. Daily and monthly reports were printed off, to help check that people were given their medicines in the way prescribed for them. There were systems in place to guide care staff on how to apply creams or other external items and to record when these were applied to people. This helped to show people had these preparations applied in a suitable way, as prescribed for them.

Regular audits were completed to help make sure medicines were managed safely, and we saw that any issues were picked up, reported and handled appropriately. Staff had regular training updates, and checks to make sure they gave medicines safely. Medicines were stored securely, and there were appropriate arrangements for the safe management of controlled drugs. Medicines information was available for people who lived at the home and detailed policies and procedures were in place to guide staff.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the provider's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Staff told us there were enough staff to help keep people safe. People did not have to wait long for staff

assistance. For example call bells were answered promptly and staff responded quickly when people requested assistance with their personal care needs. People were supported in an unhurried and relaxed manner. The manager told us they adjusted staffing levels to meet the needs of people. For example if someone was unwell and required additional support then extra staff would be provided.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety. Each person who lived at the home had an emergency evacuation plan. These gave details about how to evacuate each person with minimal risks to people and staff. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Staff also carried out regular health and safety checks.

There was learning from accidents and incidents. Detailed records were maintained of any untoward event. These included infections, accidents and falls. The acting manager met with the deputy managers each month to discuss any incidents which had occurred and to explore whether there were any trends. The acting manager explained falls were very closely monitored and if a person experienced three falls, they were referred to the falls clinic at the hospital.

Is the service effective?

Our findings

Staff sought people's consent before they assisted them with any tasks. Throughout our visit we heard staff checking if people were happy doing what they were doing or if they wanted support to do something else.

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).

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. Applications were in the process of being made for people to be cared for under this legislation. Staff had received training in how to protect people's legal rights and all knew about the need to involve other people when making decisions in a person's best interests. For example care plans contained appropriate documentation for people who required the use of bedrails or pressure mats. Documentation showed decisions had been made in people's best interests by people who knew the person well. This made sure people's legal and human rights were protected.

People could see healthcare professionals when they needed to. People told us the home was very good if they were unwell and made sure they were referred to appropriate professionals. One person told us "They'll always get the doctor if you need them. I was getting a lot of pain. I told the staff and the doctor came to see me. I have pain killers now which helps a lot."

Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences. Staff, including catering staff knew about people's preferences, risks and special requirements. A member of the catering staff told us "Communication between the kitchen staff and care staff is good. If staff are busy and there are new admissions, we will go and meet them to find out about their preferences or any special diets." People were provided with food and drink which met their assessed needs. Examples included soft or enriched diets. People who were at risk of malnutrition were weighed at least monthly. We saw weight charts in each person's care records. All records were recorded accurately and were up to date. Staff had highlighted any concerns with regard to weight loss and they had sought the advice of appropriate health care professionals. People told us they were provided with plenty to eat and drink. A choice of hot and cold drinks were offered regularly throughout the day and on request.

People and their visitors spoke very highly of the staff team. They told us staff had the skills and knowledge to meet people's needs. A visitor told us "The care is good and [person's name] is very happy. I'm happy with

the care and the communications are very good. I have no concerns. The staff are good and I would tell you if they were not." A person who lived at the home said "I think the staff are wonderful. They know what's important to me. In fact; they know pretty much everything about me." Another person told us "The staff seemed very skilled. They must get good training. They all know what they are doing."

All staff completed a period of induction when they commenced employment to make sure they had the basic skills and knowledge to care for people. Staff told us training opportunities were very good. Staff also had opportunities to gain nationally recognised qualifications in care which ensured they had up to date skills and knowledge. One member of staff told us "We get loads of training, group training, external trainers and opportunities to do National Vocational Qualifications (NVQ)." Another member of staff said "We have had specialist training on a certain condition that one of our residents has and that has really helped." The manager maintained a training matrix which detailed the training completed by each member of staff and when refresher training was due. Training completed by staff included health and safety, moving and handling, nutrition, dementia care, oral hygiene and end of life care.

Staff told us they received regular supervision sessions and annual appraisals. This helped to monitor the skills and competencies of staff and to identify any training needs staff might have. Staff told us they felt very well supported. They told us they were encouraged to discuss any aspect of their role or training needs at any time. One member of staff told us "I feel supported and I feel people are well cared for. I recently completed an 18 month course and I wasn't confident about wound care, so I asked for further training and we were all given an extra two days that really helped us."

Is the service caring?

Our findings

Staff were competent and confident when assisting and interacting with people. They communicated with people in a very kind and respectful manner. They were patient where people had difficulties in communicating and were knowledgeable about how to support people. For example using objects of reference to enable people to make a choice, making sure they were sat facing someone who had difficulty in hearing. People responded positively to staff interactions.

People were treated with dignity and respect. Staff spoke about people in a warm and respectful way. Staff supported people to make choices about their day to day lives and they respected their wishes. For example one person asked a member of staff to help them to their bedroom and this was responded to straight away. Throughout the day we heard staff checking whether people were happy where they were and with what they were doing.

The atmosphere in the home was relaxed and welcoming. There was chattering and laughter and many people were observed enjoying friendly banter with staff. People were positive about the staff who supported them. One person told us "I'm treated like royalty; I really am. The staff help you in such a wonderful way. They are just so kind and caring." Another person said "The staff are very pleasant, I'm treated with respect and dignity. They are all very caring and the manager is very good and comes to chat with me. The care is very good, I can make choices and I'm very well looked after you know."

Some of the people we met with had spent Christmas at the home. They told us staff went out of their way to make Christmas special for them. One person told us "I had the most wonderful Christmas here. My [name of relatives] joined me for lunch and stayed for the afternoon. That meant so much and they were made to feel so welcome." One person's relative had been able to stay at the home over Christmas. The manager told us "It was wonderful seeing them together and so happy." One person told us about the Christmas present the home had given them. It was a photographic montage of all their dogs and they were delighted with it. Each person who lived at the home received a personalised gift at Christmas which had involved extensive liaison with family members and had resulted in a truly personal and thoughtful gift for everyone. We were informed this imaginative and personalised initiative had been coordinated by the activity staff.

People said staff respected their privacy. All bedrooms were used for single occupancy and each had en-suite toilet and bathing facilities. This meant people could be assisted with their personal care needs in the privacy of their own room. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

Some people who lived at the home were receiving end of life care. Staff had received specific training which meant that people who were nearing the end of their life could remain at the home and be cared for by staff who knew them well. Information about people's preferences during their final days and following death

had been clearly recorded in their plan of care. The home liaised closely with people's GP's and hospice nurses which helped to ensure people remained as comfortable as possible. The manager explained that they also met regularly with GP's and hospice nurses to discuss ways of further improving the care of people who were nearing the end of their lives. The manager told us about a member of staff who was so passionate about ensuring people received the best possible care; they had carried out extensive research in their own time and had discussed their ideas with the company's chief executive and director of care.

The home had received numerous written compliments about the kindness of staff and the standard of care provided. Comments included "I can't thank you enough for all you did for [person's name]. Thank you for your kindness, help and support." And "Thank you for taking care of [person's name] and making their life so happy."

Is the service responsive?

Our findings

Before people moved to the home the manager and/or one of the deputy managers visited them to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet people's needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move there. One person told us "My [name of relatives] came to look at the home for me as I wasn't too well. They were very impressed and I am too. The manager came to visit me before I moved in and asked me about the things that were important to me. I haven't been disappointed. It's even better than I thought it would be."

Care plans were based on people's assessed needs, abilities and preferences. Care plans showed that people and/or their representatives had been involved in writing and reviewing their plan of care. One person told us "I know about my care plan. I am always being asked if I am happy with everything or if I want anything changed. It's very good as you can tell them about the little things that are important to you. It makes me feel special and not just another resident."

Care plans contained information about people's preferred daily routine such as what time they liked to go to bed and the time they preferred to get up in the morning. People told us their preferences were understood and respected by staff. One person told us "I am an early riser and the staff know that. They are always there with a cup of tea when I wake up." Another person said "I'm not anti-social, it's just sometimes I like to sit quietly in my room. The staff are very respectful. They pop in to make sure I am ok and I have strict instructions to use my call bell if I need anything. They are there straight away."

People were supported to follow their interests and take part in social activities. Staff were knowledgeable about people's life history and they used this knowledge to assist people with day to day activities which were meaningful to them. For example, one person liked to help staff clean the dining room after meals. A member of staff told us "[Person's name] has their own apron. They just love helping us after meals."

Designated activity staff were employed and people were provided with opportunities to take part in a varied activity programme. The manager told us people enjoyed regular visits from local school children. They explained they had established links with a local school as part of the Archie project. Archie is a scarecrow who is used to help teach children about dementia. Some people who lived at the home attended the school to watch a production put on by pupils and which featured Archie. We were told this was enjoyed by all who attended.

People could see their visitors whenever they wished. We observed visitors coming and going throughout our visit and it was apparent they had a good relationship with the staff and management. On the day we visited a large number of visitors arrived at the home. The visitor's book confirmed this was the case every day. One person who lived at the home said "Every one of my visitors has commented on the staff. They have nothing but praise and say how helpful and friendly they all are and how they are made to feel so welcome."

People and their visitors knew how to make a complaint. Everyone we spoke with said they felt confident any concerns would be addressed. One person told us "I've never had to report anything but if I had any complaints I would report them straight away. They would sort it out. Of that I am confident." Records of complaints showed that all complaints expressed verbally or in writing were responded to in a timely manner. We saw complaints had been fully investigated and action was taken to address people's concerns.

Is the service well-led?

Our findings

The registered manager of the home had recently left to take up post in another of the provider's home. They had submitted an application to cancel their registration as registered manager of Lavender Court which was being processed by the Commission. The home was being managed by an acting manager who had held the post of deputy manager for many years. The acting manager demonstrated a great deal of passion and commitment to ensuring people received the best possible care and that the staff team were happy and well supported. They told us "Every person here is an individual. I will always strive for excellence and will always look for ways of improving and making sure people get the best possible care and enjoy a good quality of life." They also said "I am so passionate about the people who live here and the staff. I want them all to feel empowered. It's about being open, honest and transparent. It's about listening and learning from mistakes."

From our observations and discussions with people who lived at the home, their visitors and staff; it was apparent that the acting manager's ethos and vision for the home had been adopted by staff. Staff morale was good and staff spoke highly of the acting manager. One member of staff told us "The manager and nurses listen to you and act on what we say. They respect the fact that we have a lot more interaction with people." Another member of staff said "The management are very good. They listen and if you need anything like more training for example; it's sorted out." A person who lived at the home told us "The manager often comes and has a chat with me and asks if everything is alright."

The views of people who lived at the home were regularly sought and responded to. The home had a "You said We did" initiative for people to make suggestions for change or improvement. In response to recent suggestions, posters had been displayed which showed the actions taken. . We observed two responses one stated "You said - We want more choice with the daily menu's, We did - Residents meetings with activity co-ordinators and cooks to listen to ideas." The other said "You said- We don't know who our keyworker is. We did- Put a photograph of resident's key worker in their bedroom." We saw this to be the case when we met with people in their rooms.

There were other ways people could express a view on the quality of the service provided. Regular meetings were held for the people who lived at the home and their representatives. Dates of forthcoming meetings had been displayed in prominent positions around the home. The acting manager carried out "themed conversations" every month where they met with a person from each of the units and contacted their relative to seek feedback on the quality of the service provided. The conversations were based around the Commission's key lines of enquiry (KLOE) which focused on, is the service Safe? Effective? Caring? Responsive? and well led? The results of a recent themed conversation had been very positive. The acting manager also carried out observations of the lived experience of people at the home. This included recent observations of the meal time experience for people. Findings had been positive.

The views of the staff who worked at the home and volunteers were also valued. In a recent satisfaction survey respondents rated the support and training they received and the standard of care people received as either good or outstanding. All stated they would recommend the home to others. Regular meetings were

held for all staff. These meetings were used to share information and updates, to discuss the people who lived at the home and to seek the views of staff about the quality of the care provided.

The acting manager carried out quarterly unannounced visits to the home during the night. We were shown the report following a visit which took place in October 2015. The outcome had been positive and no action points were raised. During their visit the acting manager looked at the safety and security of the environment, health and safety, well-being of the people who lived at the home and staffing levels and well-being of the staff.

The acting manager was supported by two deputy managers. One deputy manager was based on the residential unit and one was based on the nursing unit. The acting manager and deputy managers were very visible in the home. They all demonstrated an excellent knowledge of people and their care needs. During the inspection they spent time in the main areas of the home talking with people, visitors and staff. Everyone was very comfortable and relaxed with them.

There was a staffing structure which provided clear lines of accountability and responsibility. In addition to the acting manager and deputy managers there was a team of care staff who were supported by more senior care staff. Registered nurses were available 24 hours a day on the nursing unit. The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their role and of the responsibilities which came with that. Catering, domestic, administrative, maintenance and activity staff were also employed.

People were cared for by staff who were well supported and kept up to date with current developments. Each member of staff had an annual appraisal where they were able to discuss their performance and highlight any training needs. There was a handover meeting when staff came on duty to ensure all staff were kept up to date with people's care needs. The acting manager met with the catering staff each week and also had meetings with the deputy managers on a weekly basis. These meetings provided opportunities to discuss any issues and to monitor the quality of the service provided to people.

The acting manager kept their knowledge and skills up to date. They told us they had regular meetings with managers from the provider's other homes where they shared best practice and discussed any updates to policies, procedures and legislation. They explained that any changes or updates were always sent through by the provider and these were shared with staff at regular meetings. The acting manager had been awarded an "Inspirational line manager award" by the provider.

Staff were supported and trained to take lead roles. They shared their knowledge and provided training for other staff as well as ensuring standards were maintained. These included health and safety, moving and handling, health and hygiene, end of life care, mental capacity and safeguarding. The acting manager told us staff received regular fresher training to make sure they had the skills and knowledge needed to carry out their roles.

There were quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. Regular checks on the premises were carried out and any repairs were attended to promptly. Every month the acting manager completed audits which covered all aspects of the running of the home and the health and well-being of the people who lived there. An action plan had been completed to address shortfalls within agreed timescales and we saw these had been addressed. The registered provider also monitored how the home was managed and the quality of the service provided. An operations manager from the company carried out regular visits to monitor the service.

We read the report of a recent visit which showed outcomes were positive.