

Leonard Cheshire Disability

# Lavender Fields - Care Home with Nursing

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Lavender Field is a residential care home providing personal and nursing care to nine people with physical and learning disabilities at the time of the inspection. The service can support up to 10.

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

The provider and manager had a governance system in place, which included various audits and monitoring, however, actions were not always documented, and it was unclear if actions were completed to improve the service.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Staff said there was not always sufficient time to be able to encourage people's independence by getting them involved in day to day tasks. People's activity records showed that they were doing limited things in the day. The manager did not have knowledge of the Right support, right care, right culture guidance which meant staff were not knowledgeable about the guidance.

People had risk assessments in place. People received their medicines when they needed them. Staff received training that covered aspects of their role, however staff felt they needed additional training such as learning disability and autism.

People and relatives felt staff provided care that was safe, and systems were in place to report concerns. The staff team had been safely recruited. Systems were in place to report and respond to accidents and incidents.

People were supported by staff who offered them choices and supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The manager had built positive relationships with professionals that were involved with the service. Relatives felt that they could contact the management if they needed to and that they were responsive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 16 November 2018).

### Why we inspected

We initially undertook a targeted inspection to specifically look at infection prevention control. A decision was made for us to inspect and examine those risks. We inspected and found there was a concern with the service applying the principles of Right support, right care, right culture, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe, effective and well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person centred care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Lavender Fields - Care Home with Nursing

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One Inspector carried out the inspection.

#### Service and service type

Lavender Field is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lavender Field is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We communicated with three people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy managers, nurses and support workers.

We used the Short Observational Framework for Inspection (SOFI) and spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also reviewed a range of records. This included two people's care records and three medication records. We looked at three staff files in relation to recruitment and staff supervision, and a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who had recently been involved in the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were supported safely. The registered manager made sure there was a consistent approach to safeguarding matters which included completing a detailed investigation and sharing the learning with staff, following any incident.
- People were kept safe from harm because staff understood how to protect them from abuse. Staff had training on how to recognise and report abuse and knew how to apply it.
- People and those who matter to them knew who to contact if they felt they were at risk. People felt safe where they were living and if they needed help staff were responsive. One person said, "I feel safe here. I like the staff; they are kind to me. If I press the call bell, they come quick enough. If they cannot they say hang on a minute."

Assessing risk, safety monitoring and management

- People's risk assessments helped them to get the support they needed because they contained detailed information about their specific support needs, however, further development was needed in some of the risk assessment to offer clarity for staff. We spoke with staff who knew people well and were able to speak about how to support people safely which mitigated the risk.
- The service helped keep people safe through formal and informal sharing of information about risks.
- Staff considered ways to make people feel safe and involved in the home. For example, one person was anxious about the fire alarm sound, because of this they supported the person to be involved in the fire alarm testing.
- People were supported to ensure they had equipment they needed. A number of people had electric wheelchairs which helped them move around the home independently. Staff understood their responsibilities to ensure equipment was in working order and safe to use. Where repairs were needed staff were proactive in ensuring these were resolved without delay as they understood the importance for people to be able to move around the home freely.

Staffing and recruitment

- Staff said people's immediate needs were met. People and relatives felt staff were responsive to people's needs, however staff went on to say they did not always have enough time to do additional activities they enjoyed. One staff member said, "I think all the residents would enjoy more time with the support workers just doing a chat or art and craft, I think not doing this has affected their wellbeing."
- The registered manager spoke about their challenges with recruitment of staff. However, they were proactive with looking at ways to improve this. The registered manager and provider were working closely together to drive recruitment by reviewing their selection and induction process, as well as ensuring there was a detailed induction for agency staff.

- People's care plans contained a clear one-page profile with essential information and do's and don'ts to ensure that new or temporary staff could see quickly how best to support them.
- People felt the staff that supported them were kind. One person said, "If I am worried, I would speak to the staff. I get on with all the staff. There is not one I do not get on with."
- People were supported by staff who had been through a robust recruitment selection process. This included all pre-employment checks, such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- Where people were prescribed medicines for anxiety, the staff ensured they had discussions with the health professionals to review the medicines.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service was admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy were up to date.
- The service facilitated visits in line with the current guidance. When speaking with relatives they were not confident on the current visiting guidance for the service. The provider was able to show their continued communication with relative and people regarding the visiting guidance, however following the inspection, the provider said they would look at different ways to communicate this guidance with relatives to reduce confusion.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Staff said they were able to raise concerns and recorded incidents and near misses which helped keep people safe.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider ensured staff attended training for their role, however Staff said they would benefit from further training in communication and skills in learning disability, autism.
- Staff and People were imaginative in developing their skills with communicating with people. A person living in the service taught staff 'sign of the week' to help them communicate with people.
- The service checked staff's competency to ensure they understood and applied training the training they had received. The registered manager ensured that staff attended refresher courses of their mandatory training.

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

- Peoples care and support plans had some conflicting or out of date information. For example, care plans indicated people needed to be helped to have bedrest, however the management team stated this was not correct and the care plans needed to be reviewed.
- People were not always supported to develop their independence. We observed staff taking a lead role in tasks such as making drinks, preparing food and cleaning bedrooms. One staff member said, "There is just not time to encourage people to do things, especially on an early shift. We usually end up doing the food because of timing. There used be a lot more time. There are residents who have higher needs, so we spend more time doing their care." The registered manager stated they were continuing to work with funding authorities to increase funding to meet peoples needs.
- Daily activity records spoke about what people did with their day, this included listening to music, social media and using computers, there was limited information of people doing things within the local community and leaving the service. When speaking with staff they said that there were limitations in what people could do with their day due to staffing. The registered manager stated the home had a number of times where they were in lockdown which meant this was not always possible.
- Relatives said they felt there could be more consideration in how people spent their time. One relative said, "[Relative] does not have a fulfilling day, nothing is laid on for them. [Relative] will call regularly during the day; that is their lifeline. Another relative said, "[Relative] needs someone to go out with and socialise. I do not think there is staff to enable this. [Relative] spends a lot of the time on the computer and listening to music. I am a little bit concerned about how much they are interacting with people."

People did not receive support by skilled staff to meet their needs. People were not always provided with opportunities to build their independence. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Where people had a risk of choking, they had professional involvement which implemented a detailed plan for staff to follow. We observed staff support someone with their meal, but they did not follow all of the guidelines set out. This put the person at risk of harm. The registered manager took immediate action and address this as a lesson learnt and requested staff to read the guidance again and this was a topic of discussion in team meetings to ensure this did not happen again.
- Staff modified people's food to the correct consistency in line with the care plan, however, did not ensure the food was well-presented. There was no indication in the persons care plan if this was the persons preference. There was no consideration in making the food look inviting or recognisable by moulding the food. This did not allow the person to enjoy the visual variety of foods on their plate.
- People were involved in choosing their food and planning their meals. People had drinks and snacks in their bedrooms to access freely. One person said, "I choose what I like to eat and drink."
- Staff encouraged people to eat a healthy and varied diet to help maintain their weight. Where people had specific support needs relating to their weight this was managed well.

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

- The environment was decorated and adapted to consider people's support needs. There were different areas for people to share, which allowed them to be involved in interactions with other people but they also had private space to use if they wished. People had access to outside space from their bedrooms.
- The registered manager had requested works to be carried out to part of the building to refurbish some of the bathrooms and was waiting for a date for works to commence.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Staff worked with professionals to benefit people.
- At the time of the inspection the provider had their in-house positive behaviour support (PBS) team. Positive behaviour support (PBS) is an approach that puts the person at the centre to make systems work for the person. The aim is to understand what behaviours that challenge us so that the persons needs can be met in better ways. The PBS team visit to offer support to people and staff. As part of this they worked closely with partner agencies as well as the staff team to start to formulate a plan that was going to ensure staff were skilled to support each person effectively.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. People told us staff asked for consent before offering support.
- Where people were deprived of their liberty appropriate applications were made.
- Where people lacked the capacity to make certain decisions the registered manager had not considered having access to an independent advocate to represent the persons interests.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager did not have the knowledge of the guidance relating to Right care, right support, right culture. This was shared with the registered manager at the time of the inspection and they said they would familiarise themselves with this guidance. The nominated individual stated they were developing a strategy to implement this guidance within the organisation. This meant that staff were not aware of the guidance and therefore could not provide care that empowered people maximise their independence.
- The provider and registered manager identified area's where people were not always enabled to develop their skills and meet their wellbeing needs, however effective systems were not in place to make improvements. For example, meeting minutes identified staff needed to spend more time with people, however staff said that due to the workload this was not always possible, but there was not further consideration how to manage this.
- The registered manager had governance systems in place, however these systems were not always reliable and effective. For example, we found errors in documentation in care plans and not all staff had the right training for people's individual needs.
- The management team did not consistently capture actions to introduce improvements. This meant where actions were identified in audits they were not monitored to ensure improvement were made. The registered manager had said they were developing their action plans and service improvement plans so they were up to date and reflected the actions that needed to be taken.
- The provider did not have a clear Statement of Purpose and failed to describe key areas of support they provided people. Particularly looking at specific knowledge, skills and training for staff to provide good care. This was highlighted during the inspection and action was taken immediately.

Governance systems were not effective and did not clearly address what improvements needed to improve the support people were receiving. This was a breach of regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff felt respected, supported and valued by senior staff. Staff felt able to raise concerns with managers

without fear of what might happen as a result. One staff member said, "I do feel supported. I had an issue and that was dealt with fairly and promptly."

- The service apologised to people, and those important to them, when things went wrong.

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

- People, and those important to them had the opportunity to give their views on how to improve the service. The registered manager sought feedback from people through resident meetings.
- Relatives felt they could share their views and discuss issues with staff and comments were actioned by the provider, however relatives shared mixed feedback. Some felt disconnected in recent months from the service, due to the COVID-19 pandemic. One relative said, "The nursing team are a good team. It is difficult to see what is going on when you cannot get in there. Where I used to spend a lot of time there. We do feel a bit in limbo." Another relative said, "They always listen and if they have a problem, they always share it with me. I am very much involved in the care plan and the risk assessments as well."

Working in partnership with others

- The registered manager gave examples of how they had regular input from other professionals to improve the care and support for people using the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care  |
| Treatment of disease, disorder or injury                       | People did not receive support by skilled staff to meet their needs. People were not always provided with opportunities to build their independence. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance  |
| Treatment of disease, disorder or injury                       | Governance systems were not effective and did not clearly address what improvements were needed to improve support people were receiving. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 |