

Psycare Limited

Lavender lodge

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	

Overall summary

This inspection took place on 03 November 2014 by an inspector and was unannounced. The service was found to be meeting the required standards at their last inspection on 25 April 2014.

Lavender Lodge is registered to provide accommodation and personal care for up to 9 people who live with learning disabilities and autistic spectrum disorder. At the time of our inspection 9 people lived at the home and a manager was in the process of being registered with the Care Quality Commission (CQC). Like registered providers,

they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from abuse and felt safe at the home. Staff were knowledgeable about the risks of abuse and reporting procedures. We found there were sufficient staff available to meet people's individual care and support needs. Safe and effective recruitment practices were followed and people were involved in the selection of new staff.

Summary of findings

There were suitable arrangements for the safe storage, management and disposal of medicines. We found that, where people lacked capacity to make their own decisions, consent had been obtained in line with the Mental Capacity Act (MCA) 2005.

The CQC is required by law to monitor the operation of the MCA 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of our inspection no applications had been made to the local authority in relation to people who lived at Lavender Lodge.

People had access to healthcare professionals such as GP's and mental health specialists when needed. They were given appropriate levels of support to maintain a healthy balanced diet and were looked after by staff who had the skills necessary to provide safe and effective care. People told us they were happy at the home and that

staff treated them with kindness, dignity and respect. Relatives were also positive about the care and support provided. We saw that staff knew people well and met their needs in a patient and caring way.

People told us their needs were met and they were supported to take part in a wide range of meaningful activities and development opportunities, both at the home and in the local community. We saw that people who lived at the home and staff had been actively involved in developing all aspects of the service and how the home was run. They were encouraged to have their say about how the quality of services could be improved and were positive about the leadership provided by the manager. We saw that a system of audits, surveys and reviews were also used to good effect in monitoring performance and managing risks.

The manager had introduced a clear vision and set of values based on person centred care, independence and empowerment. These were central to the care provided and were clearly understood and put into practice by staff for the benefit of everyone who lived at the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from abuse and avoidable harm by staff who understood the risks and knew how to report and deal with concerns.

There was sufficient staff available to meet people's individual needs and keep them safe.

Effective recruitment practices were followed.

People's medicines were managed safely by staff who had been trained.

Good



Is the service effective?

The service was effective.

People's consent to care and support had been obtained properly in line with the MCA 2005.

People's health and nutritional needs were met effectively.

People were looked after by staff who had the knowledge and skills necessary to provide safe and effective care and support.

Good



Is the service caring?

The service was caring.

People and their relatives were positive about the way in which care and support was provided.

Staff were knowledgeable about people's needs, preferences and personal circumstances.

People told us they were happy at Lavender Lodge and that staff treated them with kindness, dignity and respect.

Good



Is the service responsive?

The service was responsive.

People were able to raise complaints or issues of concern and provide feedback about their experiences.

People had been fully involved in discussions about how their care was assessed, planned and delivered.

People told us they had a voice and that staff listened to and acted on their views about all aspects of their care and how the home was run.

Good



Is the service well-led?

The service was well led.

The quality assurance and governance systems used were effective and there was a clear vision and set of values which staff understood.

Good



Summary of findings

The service promoted a positive and inclusive culture. People, their relatives and staff were encouraged to share their views and help develop the service.

The manager demonstrated visible leadership and had put systems in place to drive improvement and improve the quality of service.

Lavender lodge

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 met 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.

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Before our inspection, the provider completed a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also reviewed other information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spoke with five people who used the service, two relatives, the registered manager and four care staff. We received feedback from health care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection.

We reviewed care records relating to three people who lived at the home and two staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at all areas of the home during the inspection and carried out observations in communal lounges and dining rooms.

Is the service safe?

Our findings

People told us they felt safe and were protected from harm by staff who encouraged and supported them to raise concerns and challenge inappropriate behaviour. One person said, “I feel safe and sound here. It’s our home and they [staff] help us stand up to anyone who is out of order.” Another person commented, “[Staff] keep me safe and [help me] think about what I do and how it can upset some people.”

We found there were suitable arrangements to safeguard people against the risks of abuse which included reporting procedures and a whistleblowing process. We saw that advice about how to report concerns was displayed and included contact details for the relevant local authority. The manager documented and investigated safeguarding incidents appropriately and had reported them to both the local authority and CQC. Staff were knowledgeable about the risks of abuse and reporting procedures. A relative commented, “I am happy that [relative] is kept safe but in a way that still lets them enjoy their freedom.”

We saw that staff dealt with behaviour that challenged in an appropriate way. They showed a good understanding of the people concerned, their needs and how to support them by using effective communication techniques. People were encouraged to reflect and learn from their behaviour in a way that best suited them without compromising their dignity, for example by writing about their thoughts and feelings in private and sharing them when ready.

People were involved in decisions about risks associated with their choices in a way that allowed them to achieve life goals and targets. One person wanted to stop taking medicines prescribed from a young age. Staff helped them rationalise the decision and draw up an effective action

and risk management plan in consultation with their GP. We saw that risks associated with the decision had been managed appropriately and in a way that both promoted and supported the person’s freedom of choice and aspirations.

Health and social care professionals who have visited the home were positive about how risks were identified and managed in a way that promoted people’s development and independence. One commented, “I am also impressed by [the] implementation of my assessments through their risk management plans.”

Appropriate levels of security kept people safe without restricting free movement throughout the premises and gardens. There were sufficient numbers of suitable staff to meet people’s needs and keep them safe. People’s behavioural and dependency needs were kept under review to ensure that staff with the necessary skills, abilities and experience were available to provide appropriate care and support. For example, the manager arranged extra staff to help colleagues support a person who displayed increased bouts of behaviour that challenged in a safe and effective way.

Safe and effective recruitment practices were followed to ensure staff were of good character, physically and mentally fit for the role and able to meet people’s needs. New staff did not start work until satisfactory employment checks were completed. People took part in the selection process and their views were both valued and taken into account.

People were supported to take their medicines by staff trained to administer medicines safely. There were suitable arrangements for the safe storage, management and disposal of people’s medicines, including controlled drugs.

Is the service effective?

Our findings

People told us they were looked after by staff who had the necessary skills, knowledge and experience to provide effective care and support. One person said, “[Staff] are clever and know how to keep us all happy and busy. They know us well which helps.” Relatives were also positive about the skills used by staff to help people develop and enjoy a good quality of life. One relative commented, “The staff are amazing, really brilliant. They work extremely hard to help [relative] grow and achieve things.”

Staff were appropriately trained and supported to perform their roles and meet people’s needs. New staff were required to complete an induction programme and not allowed to work alone until assessed as competent in practice. All staff had been set goals and targets to support both their personal and professional development. These linked in with regular ‘one to one’ sessions with senior staff during which individual performance was reviewed and discussed. One member of staff told us, “Training is very good and is tailored to people’s physical and mental health needs. We are given the time to keep up to date with developments, the manager is very knowledgeable and supportive.” A social care professional told us, “The staff are above average in my experience. They are well trained and experienced at looking after people with learning disabilities and complex health needs.”

We saw that staff asked people for their consent before providing care and support. They asked for permission before allowing us access to people’s care records and showing us around their home. People told us, and records confirmed, that their consent was always obtained about decisions regarding how they lived their lives and the care and support provided. One person commented, “They [staff] help us think about things and how to do what’s right, but we get to choose and make decisions; even if they don’t always agree.”

Staff and the manager had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. They demonstrated a good understanding and were able to explain how the requirements worked in

practice. DoLS apply when people who lack capacity are restrained in their best interests to keep them safe. We confirmed that nobody who lived at the home was subject of a DoLS authorisation. We found that people’s capacity to make decisions had been properly assessed and they were supported to access independent advocacy services where necessary and appropriate.

People told us they were helped to make choices about menu options and encouraged to eat a healthy balanced diet. For example, they were encouraged to eat vegetables and salad grown in the garden. One person said, “We get well fed. We make our own breakfasts and all decide what to have for tea. Someone is coming in to teach us how to cook chicken curry.” A person who had difficulty maintaining a healthy weight was supported to draw up an eating plan and keep a food diary, an activity that also helped improve their reading and writing skills. They were also helped to manage their weight by a personal trainer who regularly attended the home.

People were supported to maintain good health and access relevant healthcare services where necessary. Staff helped people understand, manage and cope with their health needs by sharing information and supporting them at appointments. One person said, “When we need information it’s given to us in a way [I] understand and this has helped me build my confidence.” A relative told us, “Staff are great at making sure [relative] gets all the medical and professional support they need.”

People told us, and records confirmed, that their health needs were frequently monitored and discussed with them. Risk assessments were used to ensure that care plans accurately reflected and met people’s needs. This included areas such as mobility, physical and mental health and medicines. Health and social care professionals were positive about the home and the care and support provided. A review by a consultant noted that a person’s health and well-being had improved significantly in light of the care provided, “They [staff] work in an empowering and inclusive manner with the service user, contributory to the recent positive and impressive changes [to their health and well-being].”

Is the service caring?

Our findings

People told us they were happy at the home and that staff treated them with kindness, dignity and respect. They liked being known as 'housemates' and were very positive about the staff who made them feel valued and important. One person said, "Staff look out for us and ensure we have a good time and learn about life skills." Another person told us, "[It's] like a home. You can be really happy here and have everything you need from a home, like a garden and [staff] who genuinely care about you."

We saw that staff supported people in a kind, patient and respectful way at all times. They clearly knew people they supported very well and had established positive and caring relationships with them. We saw this knowledge used to good effect when staff reassured and comforted a person who had become upset. They acted with compassion and skilfully supported the person through their anxiety by helping them to understand the issues and the options available to manage them. The person's mood improved significantly and they later wrote a note to staff thanking them for their help and support.

Relatives were also positive about the way in which care and support was provided. One told us, "I cannot fault the staff or the manager, they are only interested in looking after [people] and helping them to make the most of life by learning and developing new skills." Health and social care professionals were also positive about the care provided. One said, "The [home] exudes warmth and affection adjudged to be the standard of an extremely homely environment. The [people] and staff maintained a cohesive attitude. The staff also maintained confidentiality, unconditional positive regard, social inclusion, dignity and respect....[people's] choice, independence and freedom always got an upper hand."

We saw that people had regular 'one to one' sessions with designated keyworkers where they discussed and made decisions about their care and support needs. For example, records showed that one person was supported to attend a health screening service having discussed a concern during a keyworker review. Staff have helped people establish and

maintain meaningful links with families and friends wherever possible. One person told us the manager had arranged for extra staff and transport so they could visit a parent and helped them order and send flowers, "I like surprising [parent] and this makes them and me happy."

People had their own bedrooms with keys to lock them if they wanted. We saw that staff knocked on people's doors and asked for permission before entering their rooms. A member of staff commented, "Housemates report being happier and more empowered. [The Manager] has repeatedly placed emphasis on housemate's rights and they now have a far clearer understanding of what they are entitled to."

People said they felt at home and that staff encouraged and supported them to express their views and make decisions about how things were done. They shared household tasks and used 'housemate' meetings to discuss what had worked well and identify areas for improvement. They were empowered to make decisions about how the home was decorated in a way that reflected their personalities, both individually and as a group. One person commented, "The home is very homely and we helped choose the decoration. I helped with the bathroom....it's all sparkly. I am proud of my home."

The manager told us, and records confirmed, that people were helped to be as independent as they wanted in a way that best suited their needs and personal circumstances. For example, we saw that people were supported to manage their finances where appropriate and decide how to prioritise spending in areas that were important to them. One person said, "I'm not afraid to ask staff....they always tell the truth."

People told us they had grown in confidence and developed new life skills as a direct result of the care, support and encouragement provided by staff. This included areas such as shopping, road and personal safety, using public transport, food preparation and personal hygiene. One person commented, "[There are] so many things I've learnt since I've been here. I am much better at looking after myself."

Is the service responsive?

Our findings

People told us that staff promoted their independence and encouraged them to have their say about how the home operated and their care was provided. One person said, "Staff supported me with my [finances]. My bedroom has been decorated of my choice and [I] helped to pick the furniture. I like helping with the interviews [of new staff] and being part of it all." A social care professional who has visited the home commented, "They [people] are fully involved in their care and how the home is run. They certainly have a voice and are encouraged to be as independent as possible. They have a say about all aspects of their lives."

People had been fully involved in discussions about how their care was assessed, planned and delivered. We saw that plans, goals and aspirations were reviewed during regular meetings with designated key workers to ensure they accurately reflected people's needs. They were personalised and contained detailed information about people's background, personality and preferences. They included clear guidance about how people wanted to lead their lives and the support they needed. We saw that promoting choice and independence were key factors in how care and support was planned and delivered.

People told us their needs were met and they were supported to take part in a wide range of meaningful activities and development opportunities that suited their needs, both at home and in the wider community. One person commented, "My confidence has grown as I went to mainstream college and passed my exams and this was because staff helped me study and do my homework." They have since been helped to register on a drama course

to help them attain a qualification in dance. Staff told us that another person had been supported to achieve an award for artwork and we saw that someone else had a piece of poetry published on a web site.

One group of people were supported to visit a local pub for lunch during our visit and another returned from a weekend break they had helped organise at a popular seaside resort. They told us they had an enjoyable time and that staff had helped them make the most of the various activities, restaurants and entertainment opportunities provided. Details of scheduled activities were also displayed at the home. These included reflexology, public transport awareness training, cookery from around the world, creative writing and fitness training sessions.

We saw that staff had arranged a 'cheese, wine and sushi' evening to help people 'showcase' the home to family and friends. Health and social care professionals who had been involved in their care were also invited to attend. One person said, "Activities are good here...[we] know how to throw a party." Another person told us that their birthday party had been "Great fun."

People were encouraged to raise any concerns, worries or problems they had with their key workers or during regular 'housemate' meetings. We saw that issues raised were documented and staff attempted to resolve them to the satisfaction of all concerned wherever possible. There were clear links with a more formal complaint system and details of how to take matters further were contained in a 'housemates guide.'

People told us they had a voice at the home and that staff listened to and acted on their views and opinions. One person said, "There has been a time when I found an agency lady asleep and I told [the manager] who phoned the company and said they didn't want them back. I like the way that we are listened to and we are included."

Is the service well-led?

Our findings

People who lived at the home, relatives, staff and care professionals who had visited were all positive about the manager and the way the home was run. One person commented, “The staffing and management are better, we have had two holidays and we have a choice.” A relative told us, “A good management team, that’s the secret. [The manager] is very capable, things get done. They put their heart and soul into it, I have been tremendously impressed and the home is definitely better.”

Staff and care professionals told us that the manager had promoted a safe, caring and stimulating environment where people flourished and developed important new life skills. They also said that the quality of care and services provided had improved significantly since they had taken up the role. One member of staff commented, “The home as improved enormously in the last two years.” A healthcare professional said, “I am very much impressed by the [home]. Overall my visits were all satisfying ones.”

The manager had introduced a clear vision and set of values which meant that person centred care, independence and empowerment were key to how the home operated and support was provided. We found that these were clearly understood and put into practice by staff in a way that

promoted a positive, inspiring and inclusive culture which benefited everybody at the home. A person’s relative told us, “[Name] has improved enormously since [the manager] took over and staff clearly enjoy going to work.”

Staff told us that the manager constantly emphasised the importance of promoting people’s rights, choices and independence. They also said the manager demonstrated visible and supportive leadership which gave them the

confidence to use initiative and do their jobs well. One member of staff said, “[I get] really good support from the manager, they are knowledgeable and very supportive. They are always available at the home or on the phone to help tackle difficult issues.” They told us the manager had provided clear guidance and support to help them manage a person’s behaviour safely despite having been off duty at the time.

People who lived at the home and staff had been actively involved in developing all aspects of the service. They were encouraged to have their say about how the quality of services provided could be improved at regular housemate and staff meetings. For example, people had been encouraged and supported to decorate the home and their rooms in a way that reflected their personalities. A member of staff told us, “We are encouraged to express our views and opinions.”

We saw that a system of audits, surveys and reviews were also used to good effect in obtaining feedback, monitoring performance, managing risks and keeping people safe. These included areas such as infection control, medicines, staffing and care records. Peer reviews were carried out by managers from other services and the provider held regular meetings to monitor and assess the home’s performance. We saw that where areas for improvement had been identified action plans were developed which clearly set out the steps that would be taken to address the issues raised.

The manager told us they wanted the home to become a centre of excellence founded on person centred care, independence and empowerment. They said, “I feel very lucky to have a great team working alongside me who see the vision as I do and have supported the housemates working toward their aspirations and that’s what makes working in care worthwhile.”