

Lavender House Residential Home Limited

# Lavender House Residential Home

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

Lavender House is a residential care home providing personal care to 19 older people at the time of the inspection. The service can support up to 20 people in one adapted building.

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

Records relating to the amount of medicines in stock were not always up to date and accurate. People's needs had been assessed before they moved into the service, but this information had not always been fully transferred into people's digital care plans.

The service was clean and hygienic.

People's dietary needs and preferences were catered for and people enjoyed the homemade food on offer.

People were treated with dignity and respect by kind and caring staff that knew them well.

People benefitted from a range of stimulating and enjoyable activities on offer which were meaningful to them. People were supported to access the community and enjoyed the entertainers that visited the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were happy with management of the service and the care people received. They had the opportunity to give their views in a number of ways and felt listened to.

There were sufficient numbers of suitably qualified and experienced staff on duty to meet people's needs.

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 (report published 21 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Lavender House Residential Home

## **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.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before this inspection, we reviewed the information we already held on the service. This included notifications sent to us by the provider. Notifications are information about specific incidents the service is required to tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us 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. We also requested feedback from the local authority safeguarding and quality assurance teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

During the inspection we spoke with the registered manager, deputy manager, three care staff and the cook. We spoke with four people and three people's visitors about their experience using the service. We reviewed a range of records, this included four care plans, two staff files and several documents relating to the management of the service and premises.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

- People received their medicines when they needed them.
- One person who had been prescribed pain relieving medicines on an 'as and when needed' basis told us "I can ask for my tablets anytime and they get them for me."
- Medicines were stored securely and at the right temperature.

### Assessing risk, safety monitoring and management;

- Risks to people's health and safety had been assessed. Where risks had been identified action had been taken to reduce them.
- There were checks in place to ensure the safety of the environment and equipment.
- Staff were observed using moving and handling equipment safely.
- People had access to equipment they needed to help keep them safe.
- The food standards agency had awarded the service the highest score of five stars for food safety.

### Preventing and controlling infection

- The service was clean and hygienic.
- Personal, protective equipment was available and used appropriately by staff.
- People and their relatives were happy with the standard of hygiene maintained.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated appropriately.
- The registered manager had oversight of these and monitored them for themes and trends.

### Staffing and recruitment

- Sufficient numbers of safely recruited staff were deployed.
- People did not have to wait long for staff support when they needed assistance.
- People and their relatives felt there were enough staff on duty to meet people's needs. one person commented "There is always someone there to help. I can press the bell and only wait five minutes at the most".

### Systems and processes to safeguard people from the risk of abuse

- Safeguarding referrals had been appropriately made and the provider had safeguarding policies in place for staff to follow.

- Staff had completed safeguarding training which was updated on a regular basis.
- People and their relatives felt the service was 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Since the last inspection improvements had been made. Staff had a better understanding of the MCA and DoLS. Where required, the service completed mental capacity assessments and made DoLS applications appropriately.
- We observed that staff always sought consent before care interactions.
- Where a person had appointed a Power of Attorney, the registered manager had requested to see the original documentation. They were in the process of following this up with some relatives who had not provided this information.

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

- People's needs were assessed before they moved into the service, this ensured the service could safely meet the needs of people.
- Assessments were used to inform care planning and were updated regularly.
- The provider followed guidance and good practice recommendations to ensure people's needs were met. One person's relative explained staff were aware of their loved one's health care needs and commented "I am very happy, my relative couldn't be anywhere better".

Staff support: induction, training, skills and experience

- People were supported by staff who had up to date training relevant to their roles.



- Staff spoke positively of their induction and told us it prepared them for their role.
- Staff were supported and had regular supervisions and appraisals with their line manager. One staff member said, "We have supervisions all the time."

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

- People told us they enjoyed the food at Lavender House and had enough to eat and drink. One person told us "The food is like I would cook at home. There's always two choices and if I don't like anything they will get me something else."
- People had a choice where to eat. Most people chose to eat in the dining room where we observed mealtimes to be relaxed and informal.

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

- People were encouraged to bring their own furniture and items that were important to them.
- Bathrooms and toilets were adapted and there was level access to the spacious gardens.
- People were afforded privacy as well as a number of spaces to socialise should they choose.
- There was some signage in place to assist people living with dementia to identify communal bathrooms and their own bedrooms.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services and had their health needs met. We saw evidence in records that appropriate referrals to health and social care services had been made.
- The service hosted regular exercise classes to help people remain active.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were kind and supported them in the way they wished. One person told us "The staff are all very kind".
- Staff were aware of people's preferred terms of address and knew people well. We observed people were relaxed around staff and shared things that were important to them.

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

- Care plans were written collaboratively with people. People and where relevant their relatives were invited to be a part of their care plan review.
- People were signposted or referred to advocacy services if required. An advocate is someone who can speak up independently for someone if they need them to.
- People were observed consistently being asked their choices and preferences.

Respecting and promoting people's privacy, dignity and independence

- One person confirmed they were encouraged to be independent and commented "I can do what I want. I have a walking frame to get about. I usually go to bed around the same time each day, but I can go to bed and get up whenever I want".
- Staff treated people with dignity and respected their personal space. One staff member told us, "I always knock on the door and wait for an answer before going in someone's room." They also told us they made sure the curtains were closed and the door was shut when delivering personal care.
- People told us staff were respectful and maintained their privacy.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records contained personalised information about their support needs and preferences.
- People confirmed they could choose how they spent their time and that their personal preferences were catered for. One person told us "I decide when to go to bed and when to get up. I can do what I like, no one tells me what to do."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's individual communication needs and recorded these in their care plan. This information was shared with other healthcare professionals appropriately.
- The service provided adapted documentation when required, for example, large print, pictures and photographs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were personalised to people's preferences and hobbies. This included both group activities and one to one outings. One person told us they enjoyed the trips out, entertainers and quizzes.
- We observed some people living with dementia were provided with 'Twiddle muffins' to engage with. These are knitted muffins with items attached to keep the hands of people living with dementia active and busy.
- People's friends and relatives were encouraged to visit the home and were able to eat with their relative if they wanted. One person's visitors told us "We are always made to feel welcome and offered a drink."

Improving care quality in response to complaints or concerns

- Complaints by the service were dealt with appropriately and in line with Lavender House's complaints policy.
- People told us they were aware of the complaints policy and would feel comfortable to make a complaint if required. One person said, "I think they would listen to me if something was wrong."

End of life care and support

- Some people had their end of life wishes recorded in their care plan. This was recorded using a nationally recognised framework.

- We saw positive written feedback from relatives about the care and kindness shown to people by staff.
- Staff received training in end of life care and told us they were supported to provide high quality support at the end of people's lives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

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

- The management team completed several audits to ensure people's safety and quality of care, however they had not identified that some records were not up to date and accurate.
- Some information held on paper records had not been transferred onto the computerised care planning system. In addition to this there was a lack of consistency in where staff were recording information on the system which made it difficult to find the most up to date information. Additional staff training had been sourced to address this issue.
- Shortfalls identified in relation to entering the quantity of medicines received on the MAR was addressed with immediate effect.
- Some statutory notifications had not been submitted to the CQC as required when a DoLS had been authorised. This was due to lack of knowledge and was addressed during the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff consistently told us the management team were approachable, available and listened to them.
- Staff felt the morale within the staff team was good. They told us they were well supported and felt valued. Comments included, "I like working here, the manager is very supportive and very approachable."
- The registered manager and deputy manager had a good understanding of people's needs and the importance of providing person centred care.
- People and their relatives felt the service was managed well. One person commented "I can't fault anything."

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

- The registered manager had good understanding of the duty of candour. They were able to provide examples of where this had been met.
- The service communicated openly with people and their families.

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

- Feedback was regularly sought from people using the service and their families. This was done through satisfaction surveys, meetings, care plan reviews and informal chats.
- People told us they felt able to make suggestions regarding the service and these were listened to.

Continuous learning and improving care; Working in partnership with others

- Continuous learning was encouraged. The registered manager encouraged staff members to pursue nationally recognised qualifications.
- The service maintained close links with local health care professionals such as specialist nurses and GP's.