

Jiva Health Care Limited

Lavender House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Lavender House is a mental health care home for up to 18 people. It provides care and support to people who have experienced long term mental health needs. At the time of our inspection there were 18 people living at the home.

People spoke highly of Lavender House and everyone we spoke with had positive comments. One person told us, "I don't want to leave." Another person told us, "Staff are amazing, and they look after me well."

Accommodation was provided over three floors. The ground floor comprised the lounge, kitchen, conservatory, clinical room and people's bedrooms. The second and third floor consisted of people's bedrooms. We spent time observing staff interactions with people on the ground floor.

Summary of findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Staff had not received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff had very little understanding of legal requirements under MCA and DoLS. When discussing what may constitute a deprivation of liberty, staff confirmed they required further training. We have asked the provider to make improvements in this area.

People's medicines were stored safely and in line with legal regulations. However, staff were not completing stock checks of controlled drugs. Classified medicines were not being administered in the presence of two care staff. Therefore, good practice guidelines as set out by the National Institute for Health and Care Excellence were not being followed. We have asked the provider to make improvements in this area.

Staff felt supported by management and the provider. However, we found that following any incidents of verbal abuse or physical harm at work, staff were not offered the opportunity of counselling. We brought this to the attention of the registered manager who acknowledged our comments and agreed that outside counselling could be obtained.

Each person had a care plan that outlined their needs and the support required to meet those needs. Care plans included information on the person's communication skills, money management, family connections and hobbies and interests.

People were actively involved in their care. At each care review, a short term goal would be set. This included the action the person would take to meet the goal, and the action taken by staff to help the person achieve their goal. People commented they were aware of their care plans and felt involved in decisions about their care and treatment,

Risk assessments were developed and reviewed on a regular basis. Assessment of risk included risk of violence, suicide and self-neglect. The provider had explored possible triggers and the behaviour of the person. Guidance was available to staff on how to manage behaviour that could be challenging in nature.

Staff treated people with dignity, kindness and compassion. Observations of care clearly found staff had spent time with people and gained an understanding of their personal history, background and a built rapport with them. People were happy on the day of the inspection, we saw them approach staff freely and there was friendly chatter and joking between the people and staff. People spent time on their own or with staff as they chose. Throughout the day, people presented as comfortable and content in the company of care staff.

People were encouraged to take day to day risks and live autonomous and independent lives. People were seen freely coming and going from Lavender House. One person told us they were off shopping. Another person was supported to go into town with a member of staff.

People were encouraged to bring furniture and items of importance. With pride, people showed us their bedrooms. One person told us, "I've got my cat here with me which I love." Lavender House encouraged people to see it as their own home. People could lock their own room and have their own privacy. Access to the internet was available and staff supported people with online shopping. People commented they could cook their own meals if they so wished and enjoyed spending time in the garden and conversatory.

Staff received regular supervision to discuss any concerns or make suggestions. People were provided with the opportunity to express their opinions about Lavender House. This information was used to improve the running and quality of the service provided.

The registered manager and provider met on a weekly basis to discuss the running of Lavender House. Every three months, they would complete a management review which considered all aspects of Lavender House and any changes that were required to be made. The provider interacted with people during their weekly visits. During the inspection, we observed the provider had clearly built rapport with people and provided support when necessary. Discussions with the registered manager and the provider demonstrated they clearly understand the strengths and weaknesses of Lavender House and had a clear vision of what they wished to improve.

Summary of findings

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

People received safe care. However, there was a risk to people due to staff's lack of knowledge regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Concerns were also identified with Lavender House's management of controlled drugs stock levels and the administration of controlled drugs.

People told the inspection team they felt safe living at Lavender House and spoke highly of the care and support provided by care staff.

Staff understood and knew how to respond to concerns of adult abuse. Appropriate arrangements were in place to safeguard adults at risk.

There were enough staff available at all times and the provider followed safe recruitment practices

Requires Improvement



Is the service effective?

People received effective care.

People's health and mental health needs were assessed and monitored. Staff could identify changes in a person's mental health and recognised when they needed additional support.

People were protected from the risks associated with insufficient or nutritionally deficient food. The provider devised a weekly menu and people could make informed choices on what they wished to eat on a daily basis. People could also make their own meals if they so wished.

Staff were well supported through a system of regular supervision and training. Training specific to the needs of people with mental health was provided.

Good



Is the service caring?

Lavender House provided care that was observed to be kind and, compassionate.

Staff interactions demonstrated that people were treated with kindness and respect. It was clear that staff had an understanding of each person, their likes/dislikes, personal background and had spent time getting to know them.

People were actively involved in their care. Each person had their own care plan which detailed the short term goals they were working towards. Care plans were reviewed on a regular basis. At each care plan review, a new short term goal would be set.

Good



Is the service responsive?

Lavender House was responsive to people's needs.

Good



Summary of findings

People were enabled to do activities which were important to them. Care plans included information on the person's hobbies and interests. Staff were seen supporting people to access the local community and staff encouraged people to be as independent as possible with activities.

Complaints were dealt with in accordance with the providers complaints policy.

Is the service well-led?

Lavender House was well-led.

Staff spoke positively of management and the provider. Staff felt they were listened to and provided with an environment where their comments and suggestions were listened to and acted upon.

Management had a quality assurance framework in place to monitor, review and improve the running of Lavender House. For example, health and safety audits were completed. Incident and accidents were reviewed to monitor for any emerging trends, themes or patterns.

Good



Lavender House

Detailed findings

Background to this inspection

We visited the home on the 4 August 2014. This was an unannounced inspection. The inspection team consisted of an inspector; a specialist mental health advisor and an Expert by Experience, who had experience of mental health services. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

During the inspection, we spoke with eight people living at Lavender House, three staff members, the provider and registered manager. We looked at areas of the building, including people's bedrooms, the kitchen, bathrooms, the lounge and the dining room. We spent time observing the delivery of care in communal areas. Observing staff interactions. We also spent time sitting with people in the communal lounge and garden and spent time talking with people at length.

Before the 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 reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. This enabled us to ensure we were addressing potential areas of concern. We also contacted the local authority to obtain

their views about the care provided in the home. No concerns had been raised and the service met the regulations we inspected against at their last inspection in 2013.

During the inspection we spent time reviewing the records of the home. These included quality assurance audits, staff training and policies and procedures. We looked at five care plans and five risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Lavender House. This is when we followed a person's route through Lavender House and obtained their views on it. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care or treatment.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People told us they felt safe living at Lavender House. People commented they were supported to take day to day risks and enabled to live autonomous lives.

Medicines were stored safely. There was one dedicated locked clinical room which was appropriately equipped so that medicines could be kept safely. Medication was administered directly from the clinical room and people were seen attending the clinical room when they required medication.

People told us they received their medicines on time. One person told us, "I know when I need my medication. I go to the medical room and staff make sure I get it." People had a good understanding of what medication they were on and when they needed to take it. For example, we observed, people regularly approaching staff to ask for their medicines. Staff were also seen asking people in a discreet manner, if they would like to come to the clinical room for their medication.

People were empowered to be independent with their medication regime. For example, one person self administered their insulin. Staff told us how the person regularly stayed with relatives, and therefore wanted to be independent with their insulin. Documentation and talking to staff confirmed that staff regularly monitored the person's blood sugar levels and supported the person with the storage of insulin. People also confirmed they were happy with staff supporting them with their medication regime. One person told us, "I like that staff look after my medication, I know when I need to take it and I always go to staff at that time."

Some prescription medicines known as controlled drugs (CDs) legal requirements for the storage, administration, records and disposal, set out in the Misuse of Drugs Act Regulations 2001. CDs were stored and were ordered appropriately.

Good practice guideline for stock levels of CDs to be recorded on a weekly basis and signed by two members of staff. This allowed for a running balance and audit trail of the medication. Lavender House was not following good practice guidelines and was not checking the stock levels of CDs on a formal basis. Care staff commented that the stock levels of CDs were always checked when CDs were administered but they did not have a formal process of

checking the stock levels. The inspection team completed an audit of the stock levels of CDs and the documented stock levels in the CDs administration book. No discrepancies were identified and stock levels matched the stock levels recorded. However, Lavender House was not following good practice guidelines as provided by the National Institute for Health and Care Excellence.

In June 2014, the medication Tramadol was re-classified as a schedule 3 controlled drug. Lavender House was storing Tramadol in line with legal requirements. However, in line with good practice, the medication was not being administered in the presence of two care staff. The member of staff administering it would sign the CD register and then a second member of staff would provide a second signature the following day. This raised concerns, as in the event of a drug error or miss, only one member of staff would be a witness.

The above issues meant that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The action we have asked the provider to take can be found at the back of this report.

People told us they were supported to take day to day risks. One person told us, "We can live our own lives but staff help us when needed." Staff told us, "People need to be allowed to take every day reasonable risks." People were enabled to cook their own food (with supervision if required), make hot drinks, go into the local town and freely come and go from the home as they pleased. We could therefore see that Lavender House supported positive risk taking and allowed for people to every day risks.

Risks to people were assessed and risk assessment developed. These included the nature of the risk, history and how the risk will be managed. Risk assessments included suicide, neglect, debt and violence. For example, one person previously used to eat out of date food and uncooked food. Guidance included for care staff to prompt and assist with cleaning out the person's fridge and support with throwing away out of date food.

Where risk of violence and aggression had been identified, possible triggers had been explored. Risk assessments explored these triggers and how staff could de-escalate the situation. For example, one person could become rude and aggressive, shout at staff and falsely accuse staff. Another

Is the service safe?

person experienced paranoid thoughts which manifested into the idea of racism towards them. Risk assessments included for staff to be firm, reassuring but calm. The inspection team found risk assessments included information on the measures required to minimise the risk. However, we found improvements could be made. For example, one person could obsess over certain things. Guidance documented for staff to monitor for any signs they are starting to obsess. However, documentation did not record what these signs could be and what to do once the signs were exhibited by the person.

Observations of care saw that staff clearly knew the needs of individuals and understood the triggers which could cause a person to become challenging. One staff member told us, "One gentleman living here can become challenging and aggressive. To calm the situation down we've found that he responds well to a firm but calm approach. This gentleman is intelligent so we will ask him to tell us what's happened as it will help him realise what's he is upset about." Staff had a clear understanding, however, this information was not consistently recorded into people's care plans. Therefore, for new members of staff, people's care plans only contained the basic information and would not provide the level of detail that staff know and understand. The inspection identified that there has not been a breach of regulation, but, we have identified this as an area of practice that required improvement.

Any concerns regarding people's safety or wellbeing, staff took seriously and would be correctly reported to make sure people were protected. Staff said they had received training in the safeguarding of adult at risks. Records of staff training confirmed this. Staff demonstrated understanding of how to report any concerns and were confident that any issues raised would be taken seriously and fully investigated to make sure people were protected. Policies and procedures were in place for safeguarding and whistleblowing. These were up to date and appropriate for this type of service. For example, the safeguarding policy corresponded with the Local Authority and national guidance. Staff were aware of the whistle blowing procedure which enabled them to take serious concerns outside the home if they felt they were not being effectively dealt with.

People told us that they felt safe living at Lavender House. One person told us, "Staff are very supportive." Another person told us, "I feel safe in the care of staff." A third person told us, "I feel comfortable telling staff anything."

Lavender house promoted for restraint not to be used unless there was a high risk of harm. Staff confirmed that restraint was not used. People confirmed that hardly any incidences occur within the home, and if they do, staff responded appropriately and quickly. Lavender House did not encourage the use of restraint however, they did hold people's cigarettes. Staff commented people had asked for them to hold their cigarettes. One individual was unable to roll their cigarette due to sight impairment. Care plans did not inform us this agreement was in place and that people had consented. There was also no guidance on how staff could enable people to take control. The inspection identified that there has not been a breach of regulation, but, we have identified this as an area of practice that required improvement.

People told us they could make their own decisions and these decisions were respected by care staff. For example, one person had recently been unwell. They told us they didn't want to see their GP and staff respected that decision.

Lavender House had policies and procedures in place regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). These gave guidance to staff on their roles and responsibilities. At the time of our visit we saw that there was guidance in the policy file that identified the key principles of the MCA and DoLS. When we spoke with staff about the MCA and DoLS we found they had a mixed level of understanding. One staff member told us, "People have rights and may make decisions which other people do not agree with." However, staff were not consistently aware of how assessments of capacity were reached. One staff member understood that assessment of capacity could only be assessed by two GPs. Training records and staff we spoke with confirmed that they had not received training on the Mental Capacity Act 2005.

On the day of the inspection, no one living at Lavender House was under a deprivation of liberty safeguard. People's freedom was not restricted. People could freely move and access to the garden was available. Staff told us, and training records confirmed staff had not received training on DoLS. Staff acknowledged they had little

Is the service safe?

understanding of DoLS and required additional training. Staff were unable to confirm what a deprivation of liberty may look like. They did not know what their legal responsibilities were to ensure they did not restrict someone's freedom, or the action they would need to take if a person's freedom was being restricted.

The Mental Capacity Act and Deprivation of Liberty Safeguards are legislation that have been in place for nearly 10 years. The inspection team commented that due to the needs of the people living at Lavender House, it was surprising staff had not received formal training on MCA and DoLS. The registered manager demonstrated a sound understanding of the legislation but this information had not been cascaded down to care staff.

Due to the above issues, this is a breach of Regulation 10 (1) (a) Health and Social Care Act 2008 (Regulated Activities)

Regulations 2010. The action we have asked the provider to take can be found at the back of this report. This is because the provider did not have the systems in place to identify the training needs of staff to provide safe care.

There were sufficient staff available at all times to meet people's needs. Staff were organised, understood their roles and responded to people's needs appropriately. Staff felt that staffing levels were sufficient. Lavender House had three care staff throughout the morning and afternoon. The night shift was covered by one care staff with management providing on-call support. People spoke highly of the care staff. One person told us, "If I need anything they always help me."

People were protected by a safe recruitment system. Staff files confirmed that a robust recruitment procedure was in place. Files contained evidence of disclosure and barring service (DBS) checks, references included one from previous employers and application forms.

Is the service effective?

Our findings

People told us they felt confident in the skills of care staff supporting them. One person told us, “Staff are very supportive. If I need anything, they always help me.”

People were supported to maintain good health and received on-going healthcare support. People told us they were well looked after and had regular access to healthcare professionals. One person told us, “I’ve been to see my GP today about my medication.” The registered manager and staff commented they had good relations with GPs and care-coordinators. People’s daily notes reflected whether the GP had been contacted, outcome of a GP visit or care coordinator review. For example, one person was involved in an altercation with another person. We saw that the care coordinator was contacted, a review took place and the person’s medication was altered.

People were protected from the risks associated with insufficient or nutritionally deficient food and drinks and enjoyed the food provided. People spoke highly of the food provided. One person told us, “The food is really good.” Another person told us, “We can have food cooked for us, or we can make our own food.”

A weekly menu was devised and displayed within the kitchen. People were provided a variety of options. These included steak and kidney pie, ploughman’s, quiche, smoked sausage, curry and chicken burger. Staff asked people what they would like for lunch and supper. Two options were always available but people could also make additional requests. Care staff told us, “We always have a menu and options for people, but people can make requests which we will happily make if we have the right ingredients.” Within the kitchen, we saw information available on the dietary requirements of each person. For example, whether a vegetarian or diabetic diet was required.

Staff told us how they monitored people's food and fluid intake and met any special needs people had. “We sit down with people and ask them what there likes/dislikes are. We also weigh people regularly and monitor for any signs of weight loss and decline of food.” Staff demonstrated an understanding of the importance of hydration and nutrition

and monitoring for any signs of dehydration and weight loss. Documentation confirmed people were weighed on a monthly basis and that weight gain or loss was identified and action taken when required.

Care plans recorded specific dietary requirements along with the contributory factors between mental health and nutritional intake. For example, one person refused to eat and drink in the past when experiencing psychosis. Documentation recorded they were currently eating well. Staff members we spoke had a clear understanding of this person’s needs and the signs and symptoms to be aware of which may indicate they were experiencing psychosis again. People’s food and fluid intake was monitored on an informal basis, however, if it was identified that someone was continually refusing food or eating very little, this would be recorded in their daily notes.

There was an induction programme in place which gave the staff the skills to meet the needs of the people. Training records confirmed staff had received training in fire safety, communication, health and safety, food hygiene, infection control, managing aggressive behaviour, personality disorder, schizophrenia and self-neglect. Staff told us the training opportunities were excellent. “We just need to identify the training from the local authority prospectus and the manager will book us onto it.” Staff confirmed they completed competency assessments on the training completed. This looked at their understanding of the subject topic. The registered manager told us, “I then look through the competency assessment to see how well staff understood the subject or whether any further training is needed.”

Staff received regular supervisions. Supervision is a formal meeting where training needs, objectives and progress for the year were discussed. Staff files and talking to staff confirmed that staff received supervision every eight weeks. Staff confirmed they found supervision a useful tool and could discuss any concerns or practice questions.

Due to the nature of people’s mental health needs staff commented they had experienced verbal abuse and occasionally physical assault at work. Staff told us that following an incident of verbal or physical abuse, staff could talk through the incident with each other and at handovers. However, staff commented that access to outside support such as counselling was limited. Staff also commented the home had a culture at times that it was expected staff would be verbally and physically abused due

Is the service effective?

to the mental health needs of people. Lavender House had no statement of tolerance and risk assessments for violence or abuse did not reflect clear expectations in

regard to behaviour or when the police should be called. We raised our concerns with the registered manager who was responsive to our concerns and agreed that outside counselling could be sourced for staff.

Is the service caring?

Our findings

Everyone we spoke with spoke highly of Lavender House. One person told us, "I like being here. Staff are very supportive. My family are local and my loved one visits me" Another person told us, "I don't want to leave".

The inspection team spent time walking round Lavender House, sitting with people, observing care and interacting with staff and people. The inspection team found the atmosphere of the home calm in nature whilst relaxing for people. People could come and go as they pleased and were promoted to treat the home as their own. People were seen opening the front door to visitors and professionals. One person told us, "It's my home here."

With people's permission, we viewed people's bedrooms. People could bring their own furniture and decorate their rooms in accordance to their wishes. One person showed us round their bedroom with obvious pride. Pointing out things they had brought and what was their favourite item. One person told us, "I like having my own space." Another person told us, "I've got my cat here with me. I love it here."

People's privacy and dignity was respected. People told us their privacy and dignity was also maintained and upheld. Before staff entered people's rooms, staff knocked and gained permission to enter. Staff had a clear understanding of the principles of privacy and dignity. One staff member told us, "When assisting with personal care such as a bath, make sure they are covered and the door is closed."

People had the privacy they needed. People held their own keys to their bedroom and could lock their own room. People told us they appreciated being able to lock their room and have their own privacy when required. Throughout the inspection, we observed that people had formed friendships with other people. One person told us, "We try to help and support each other however best we can." People spent time in the communal areas together and it was evident that people were relaxed in the environment created by the provider.

People told us they felt comfortable at Lavender House. One person told us, "I'm so comfortable here." People enjoyed spending time in the home's garden and conservatory. The registered manager told us, "We've got a ping pong table we set up in the garden; we have bbq's in the garden and we encourage people to spend time in the

garden." The inspection team commented throughout the inspection, how Lavender House had created an atmosphere and environment which made people feel at ease and that Lavender House was their own home.

Staff had the skills and understanding of how best to support people in a caring manner. We spent time observing staff interactions with people. People were called by their preferred name and staff clearly had built rapport with them. Staff were respectful and courteous in their approach. We saw care staff engaging with people and humour was evident in these interactions. Staff clearly explained their actions and encouraged people gently to consider their personal hygiene.

People were encouraged and supported to make their own decisions. People were encouraged to be independent with day to day activities. We saw that people could freely make hot drinks and had access to the internet through the shared computer. Staff encouraged people to access the local community or go to the local shops with members of staff. People told us they could do their own shopping or staff would assist with them shopping. One person told us, "When I talk to staff I feel listened to." During the inspection, we observed staff interacting with people. We observed staff members asking people what they would prefer for lunch. Information on the different options were given along with other ingredients they had in if there was anything else the person wanted. People were provided with time to make decisions and staff were observed spending time with the person to talk about the options.

Each person living at Lavender House had their own care plan. They demonstrated that people's physical health mental health and social care needs were assessed and plans of care were developed to meet those needs. Each section of the plan covered a different aspect of the person's life including personal care, communication skills, activities of daily living, money management and communication skills.

People were activity involved in their care. Care plans were reviewed on a six monthly basis or sooner. At each care plan review, a short term goal and objectives would be set with the person. These included what the person would like to do, what their keyworker will do to help this goal be met and what the person would do subsequently. One person wished to write their will. Documentation recorded that the keyworker would look into different options for wills and feedback to the person.

Is the service caring?

People told us they were aware of their care plans and felt involved in their care. Staff told us how one person was being supported to move onto independent accommodation. Documentation confirmed that staff had regularly been meeting and working with the person. Working towards their goal of getting an independent flat. The person told us, "I've been involved every step of the way."

The registered manager told us they had information available on advocacy services but that currently no one was using the support of an advocate. The registered manager commented that advocacy services had been used in the past with good effect and they were aware of how to make a referral when required.

Is the service responsive?

Our findings

People found Lavender House to be responsive to their needs. People told us they were well looked after and supported to do activities which were important to them.

People took part in activities that were relevant to their interests both inside and in the community. For example, one person enjoyed going to London every week. They spent time showing us all the musicals they had visited and what their favourite musical was. The registered manager told us, "We try and encourage people to do activities which are important to them." People told us, staff would support them with activities they wished to do.

Lavender House promoted people to make their views known on the running of the home. The registered manager informed us they had tried holding formal resident meetings but these were not successful. Instead a different approach was taken. Once a month, people would be gathered informally, over ice cream or cake. Staff would talk with people about their views and how things could be improved. Minutes from the last meeting in May 2014 reflected that people spoke about the garden and wanted more colour in the garden. House activities were also discussed and people commented on the idea of ice cream afternoons, cake making and seed and vegetable planting.

Staff meetings were held on a regular basis. The minutes from the staff meeting held in March 2014 demonstrated that policies and procedures had been discussed along with training and medication. Staff commented that staff meetings were a useful forum and allowed for issues, concerns and practice to be discussed and explored.

Care plans included personalised information on the person's family, social connections and psychiatric history.

Key information on their mental health and how this impacted upon day to day activity was recorded. For example, one person experienced high and low moods. When experiencing a low day, their behaviour could become manic and they could isolate themselves. Documentation reflected that staff interventions may isolate the individual further and for the person to approach staff in their own time.

Information was readily available on people's day to day activities. For example, whether the person could tidy their room or whether they enjoyed cooking for themselves or doing their own laundry. Care plans recorded information on people's hobbies and interests. One person had a keen interest in local history while another person enjoyed reading the paper. Staff had a good understanding of people's individual interests and how best to support those interests. During the inspection, we observed one person enjoying the crossword. We saw staff regularly interacting with the person to see how the crossword was going.

People told us they felt confident approaching management and staff with any concerns or worries. One person told us, "I like to talk to staff and they listen." Staff we spoke with told us the home learnt from mistakes and incidents. One staff member told us, "We learn from other people's views and over the years have made many improvements."

Staff told us they would support people to make a complaint. Example of this was seen during the inspection. A member of staff had supported an individual to make a written complaint. This was handed to the registered manager and would be investigated by the provider. Lavender House had not received any other complaints since the last inspection in December 2013

Is the service well-led?

Our findings

Lavender's House values and philosophy were clearly explained to staff during induction and discussed again at staff meetings. Staff told us, "It's our aim to prevent relapse and work with people in a friendly, approachable but realistic manner." One person living at Lavender House told us, "Staff are here to help us."

Staff told us they enjoyed their work. One staff member told us, "I enjoy coming into work." Another staff member told us, "We get to support people doing activities which are important to them." For example, Lavender House had recently enabled a person to learn to ride a bicycle again.

There was a clear management structure at Lavender House. There was always a senior member of staff on duty who took a lead role in ensuring people received their medication on time. The registered manager worked five days a week. In their absence, support from the provider could be obtained. Staff demonstrated a clear understanding of their roles and responsibilities. In between each shift staff had a handover which provided staff coming onto shifts with the information they required to do their job safely.

The registered manager was supported by the provider. The provider visited on a regular basis, spending time with people, staff and the registered manager. On the day of the inspection, the provider visited Lavender House. We observed the provider interacting with people and staff. It was clear the provider had built rapport with people and provided hands on care when required. The registered manager told us, "The provider visits weekly. They are keen to develop the home and improve practice. Any feedback the provider receives from people and staff, we discuss and make changes when required." On a three monthly basis, the provider and registered manager completed a management review. These looked at areas such as the environment, staff, administration, feedback, finance and health and safety. The last management review in May 2014 identified for the sofa to be replaced. During the inspection, this was identified as having been done.

The registered manager monitored the quality of the care provided by completing regular audits. These included medication, health and safety and care planning. They evaluated these audits and created action plans for improvement, when improvements were needed. A plan of

action was implemented and shared with staff. The registered manager told us, "We also monitor the quality of care by gaining feedback from staff, people and relatives. Observing care and being out on the floor. We have different mechanisms in place to monitor and analyse the delivery of care people receive."

Records showed that staff recorded incidents that happened at Lavender House. All incidents

included information about how it happened, details of the incident and any recommendations following the incident. Examples of this included an incident where a member of staff had a hot drink thrown over them. This incident was explored in handover and during discussions with care staff. Staff were involved on how best to manage further incidences and reduce the risk of any further incidences. The registered manager completed monthly audits of incidents and accidents. These analysed and monitored for any emerging, trends, themes or patterns.

The management team involved people, their relatives and professionals in the monitoring of the quality of care. Satisfaction surveys were regularly sent out. Feedback from the surveys was both positive and negative. People spoke positively of the level of care provided and the support received with physical health care needs. We found that a general theme from the feedback was people did not think there were enough activities on offer. Survey results were analysed for any emerging themes or trends. Following the feedback from people about activities. Staff had met with people to discuss the opportunities of activities and what activities they would like to do. More activities were therefore implemented and people told us they go out as a group once a week, have movie nights, do cooking together and spend more time in the garden together.

Staff worked with other organisations to make sure the delivery and provision of care was maintained. The registered manager informed the local authority of any safeguarding information and also contacted care coordinators with any concerns. Feedback from stakeholders such as the local authority and the commissioners of Lavender House found that information was readily shared. If any concerns or worries were identified by Lavender House, they acted appropriately, ensuring the best outcome for the person.

We asked staff and the registered manager what they felt was 'good' about Lavender House. They told us, they were

Is the service well-led?

proud of the rapports they had built with people and the progress they had made with people. For example, one person was moving on to more independent living. One person had experienced an extremely turbulent period yet staff had worked through this with the person and implemented strategies to improve their wellbeing.

The inspection team commented throughout the inspection, the positive interactions observed, the nature

of the environment and that people looked happy. The provider and registered manager had created a home where people were enabled and supported to live autonomously and treat the home as their own. Everyone commented they did not wish to leave and were happy with the care provided.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations
2010 Management of medicines

The registered person did not protect service users against the risks associated with the unsafe management of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations
2010 Assessing and monitoring the quality of service providers

The registered person had not protected service users against the risks of inappropriate or unsafe care or treatment, by means of not having effective operation of systems.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.