

Lavender House Residential Home Limited

Lavender House Residential Home

Inspection report

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Stoke On Trent
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Website:

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection was unannounced and took place on the 19 October 2015.

Lavender House was previously inspected in June 2013 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Lavender House is an adapted Victorian residence situated on the outskirts of Alsager approximately half a

mile from the main shopping area. The service is provided by Lavender House Residential Home Limited and offers accommodation and personal care for up to 20 older people with memory problems associated with dementia. On the day of our inspection the service was providing accommodation to 19 people.

Summary of findings

At the time of the inspection there was a registered manager at Lavender House. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was present during the day of our inspection and engaged positively in the inspection process. The manager was observed to be friendly and approachable and operated an open door policy to people using the service, staff and visitors.

During this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take as the back of the full version of the report.

We found that people were not adequately protected against the risks of unsafe or ineffective care because the registered person was not ensuring at all times, that there were sufficient numbers of staff on duty.

We found that the registered person was not operating effective systems or processes to assess, monitor and improve the quality and safety of the services provided.

Lavender House had a warm atmosphere and people appeared content and relaxed in their home environment at the time of our inspection. People using the service and relatives spoken with were generally complimentary about the care provided.

People's needs had been assessed and person centred care plans produced to ensure staff understood how to respond to individual needs.

Staff knew how to protect people from abuse and to keep them safe. The registered provider had policies in place to safeguard people from abuse and staff had completed training in this key area.

People had access to a choice of wholesome and nutritious meals and a range of individualised and group activities.

Records showed that people had accessed a range of health care professionals, subject to individual need.

We have recommended that a needs assessment and staff deployment tool be sourced / developed to help demonstrate that the staffing levels are adequate and being kept under review.

We have recommended that a policy on the Mental Capacity Act and Deprivation of Liberty Safeguards is developed to increase understanding of this protective legislation and provide guidance for staff.

We have recommended that a business continuity / emergency plan is developed to ensure an appropriate response in the event of a crisis or untoward incident.

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 not always safe

There were times when there were insufficient numbers of staff on duty to safeguard the welfare of people using the service.

The frequency of medication audits was not sufficient to enable effective monitoring, identify issues and protect the welfare of people using the service.

Requires improvement



Is the service effective?

The service was not always effective

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had not been developed to provide guidance to staff and some practices in the home were in need of review to safeguard the rights of people using the service.

Staff has access to supervision and training, however records indicated that a number of care staff had not completed dementia training.

Requires improvement



Is the service caring?

The service was caring.

Staff treated people well and they were kind and caring in the way that they provided care and support.

People were treated with respect and their privacy and dignity was maintained.

Good



Is the service responsive?

The service was responsive

Systems were in place to ensure the needs of people using the service were assessed and planned for and to respond to complaints.

People received care and support which was personalised and responsive to their needs. People had access to a range of individual and group based activities to help meet their social and recreational needs.

Good



Is the service well-led?

The service was not always well led.

Lavender House had a registered manager in place to provide leadership and direction.

Systems to assess, monitor and improve the quality and safety of the service provided at Lavender House were in need of review and development, to safeguard the welfare of people using the service.

Requires improvement



Lavender House Residential Home

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on the 19 October 2015.

The inspection was undertaken by two adult social care inspectors.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. A PIR 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 invited the local authority to provide us with any information they held about Lavender House. We took any information provided to us into account.

During the site visit we talked with eight people who used the service and six visitors. We also spoke with the registered manager and six staff.

We observed how staff were interacting with and assisting people during an evening meal. We looked at a range of records including: four care plans; three staff files; staff training; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

Is the service safe?

Our findings

We asked people who used the service if they found the service provided at Lavender House to be safe. People spoken with told us that they felt safe and secure living at Lavender House and were supported by staff who had the necessary skills to help them with their individual needs.

Comments received from people using the service included: “The manager is marvellous. I feel safe” and “I’m regaining my confidence.”

Likewise, feedback received from relatives included: “They’re doing what they should be doing” and “Her bedroom is spotless every time we come in.”

We looked at the files of four people who were living Lavender House. We noted that each person had a care plan and supporting documentation which included a range of risk assessments. Personal emergency evacuation plans were also in place to ensure an appropriate response in the event of a fire. This information helped staff to be aware of current risks for people using the service and the action they should take to minimise and control potential / actual risks.

Systems were in place to record any accidents and incidents that occurred at Lavender House. A matrix was in place which contained a log of incidents and accidents. We noted that the accident records did not provide any analysis of risk or evidence of lessons learnt and actions taken to minimise the potential for reoccurrence. The registered manager acknowledged this observation and assured us she would update records to ensure this information was documented.

At the time of our inspection 19 people with memory problems associated with dementia were being accommodated at Lavender House. We checked staff rotas which confirmed the information we received throughout the inspection about the minimum numbers of staff on duty.

Staffing levels set by the provider at the time of our visit were, one senior staff and two care staff from 7.30 am to 9.00 pm. During the night there was two care staff on duty.

The registered manager was supernumerary and worked flexibly, subject to the needs of the service. Other staff were employed for catering; domestic and maintenance roles.

We noted that dependency assessments had not been completed and there was no system in place to demonstrate how the dependency of the people using the service was being monitored against the staffing hours deployed.

Some people spoken with raised concerns regarding staffing levels at key times of the day such as tea time. Similar concerns had also been raised by Cheshire East Council following their last contract monitoring visit in April 2015. For example, on the day of the inspection we noted that a carer had been taken off care duties to work in the kitchen and serve tea-time meals. Another carer was upstairs supporting a service user and this left only one person in the dining room to supervise and support people.

This was a breach of Regulation 18 (1) of the HSCA 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that there were sufficient numbers of staff on duty to meet the needs of the people using the service.

We raised this concern with the registered manager who assured us that she would review the allocation of staff and explore alternative options. We noted that there had been occasions when the registered manager had increased staff to provide 1:1 support to people in response to need.

We looked at a sample of three staff files for staff who had been employed to work at Lavender House. Through discussion with staff and examination of records we found that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all three files we found that there were application forms; two references, medical questionnaires, disclosure and barring service (DBS) checks and proofs of identity including photographs.

All the staff files we reviewed provided evidence that the registered manager had completed the necessary checks before people were employed to work at Lavender House. This helped protect people against the risks of unsuitable staff gaining access to work with vulnerable adults.

A ‘protection and safeguarding of vulnerable adults’ and ‘whistleblowing’ policy had been developed by the registered manager to provide guidance to staff. An up-to-date copy of the local authority’s policy was not available for reference. This was obtained during the inspection.

Is the service safe?

We asked to view the safeguarding records for Lavender House. The registered manager reported that there had been no safeguarding concerns or alerts raised in the past 12 months which was consistent with the information held by CQC. However there was no safeguarding file or associated records to confirm this information. The registered manager established a safeguarding tracking form and file during the inspection to record and store alerts and associated records.

The registered manager and staff spoken with demonstrated a good awareness of their duty of care to protect the people in their care and the action they should take in response to a suspicion of or evidence of abuse. Discussion with staff and examination of training records confirmed that the staff team had access to safeguarding training and that 78% of the staff had completed this training.

We checked the arrangements for medicines at Lavender House with a senior carer. We were told that none of the people living in the home self-administered their medication at the time of our inspection.

A medication policy was in place, however this was in need of review as it made reference to the CQC essential standards of quality and safety which is now out of date. Several other policies relating to the medicine related activities were also available for reference. A copy of the Royal Pharmaceutical Society of Great Britain guidance on the administration and control of medicines in Care Homes was also in place.

We were informed that staff responsible for the administration of medication had completed certified medication training and had undergone an assessment of competence prior to administering the medication.

Medication was stored in a medication trolley which was secured to a wall in a dedicated storage room. Separate storage facilities were available for controlled drugs and medication requiring cold storage.

A list of staff responsible for administering medication, together with sample signatures was available for reference and photographs of the people using the service had been attached to medication administration records which detailed the person's name and allergies etc.

We viewed seventeen medication administration charts (MAR). Overall MAR had been completed to a satisfactory standard however we did note some unexplained gaps. We also noted that one MAR had been handwritten and had not been signed or countersigned to confirm the recorded instructions were correct.

We raised these issues with the registered manager who assured us that all future handwritten MAR entries would be signed and countersigned to ensure a clear audit trail.

Systems were in place to record medication returns and the daily fridge temperature however a daily check on the room temperature had not been completed.

Monthly audits of medication could not be located. The last medication audit undertaken by the provider had been completed in January 2015 and there was limited information on actions required and when they had been completed. We signposted the registered manager to review the NICE guidance on 'Managing Medicines in Care Homes' as this provides recommendations for good practice on the systems and processes for managing medicines in care homes.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies and procedures for infection control were in place.

The building was subject to ongoing maintenance and refurbishment to ensure the environment remained homely and comfortable.

We recommend that a needs assessment and staff deployment tool be sourced / developed to help demonstrate that the staffing levels are adequate and being kept under review.

Is the service effective?

Our findings

We asked people who used the service if they found the service provided at Lavender House to be effective. People spoken with told us that their care needs were met by the provider.

Comments received from people using the service included: “I have a choice of food. I’m eating food I haven’t eaten before”; “The carers are alright on the whole” and “I’m really happy. Staff are absolutely fantastic and the food is very good.”

Likewise, a relative reported: “This place has taken so many problems away.”

Lavender House is a large adapted Victorian residence providing accommodation and personal care for up to 20 older people living with dementia. The accommodation comprises of 10 single rooms and four double rooms with several rooms having en-suite facilities. Communal areas include three lounges and a dining area. The home has two assisted bathrooms, one with a bath hoist and the other has a disabled shower facility. Additional toilets are situated around the building and a passenger lift was available for use.

People’s bedroom doors indicated whether they were for single or shared use and were fitted with memory boxes to help people orientate around the home. Rooms viewed had been personalised with memorabilia and other personal possessions and were homely and comfortable. People using the service were noted to have access to a range of mobility aids to assist with their mobility.

Examination of records and / or discussion with staff employed confirmed staff had access to in-house induction and a range of ongoing training to assist in their continued professional development. An employee handbook had also been developed by the registered manager which is provided to new staff and signed for upon commencement of employment.

Examples of training available to staff included Health and Safety; Moving and Handling; Fire awareness; Food Hygiene; First Aid; Infection Control; Safeguarding; Person Centred Care; Dementia Awareness and Mental Capacity.

A colour coordinated system was in place to assist in monitoring the outstanding training needs of staff. Records highlighted that only six out of 15 care staff (40%) had

completed dementia training and that the majority of staff required fire refresher training. Minor gaps were also noted in other training subjects. Following completion of the inspection we received confirmation from the provider that 100% of all staff had completed dementia awareness training.

Details of the staff who had completed medication and / or induction training, compliant with Skills for Care Standards, had not been recorded on the training matrix. We raised this with the registered manager who agreed to update the matrix.

We noted that 11 out of 15 staff (73%) had completed a National Vocational Qualification at Level two or above.

Staff spoken with confirmed they were supported in their role and had access to regular formal supervision.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the management team.

The registered manager informed us that none of the people living at Lavender House were subject to a DoLS authorisation and that policies and procedures relating to MCA and DoLS had not been developed. We noted that 13 DoLS applications had been submitted to the local authority for consideration and were awaiting assessment.

The registered manager reported that she had completed a training course on the Mental Capacity Act in Staffordshire

Is the service effective?

and that MCA and DoLS (BVS DVD / Video based training) had been completed by staff during March 2015. The training matrix indicated that 87% of the staff team had completed this training throughout the year.

We noted some issues of concern relating to the application of the MCA and DoLS. For example, one care file viewed indicated that a relative was responsible for managing finances and there was no evidence that the person had undergone a mental capacity assessment or that the relative had lasting power of attorney for financial affairs.

Furthermore, we noted that alarm mats had been fitted throughout the home next to people's beds, which meant that staff would be alerted if a person got out of bed. This meant that people were being subjected to continuous supervision and control. Again, we saw no evidence that people had either consented to or undergone a mental capacity assessment for the use of such equipment. Individual best interest decisions had not been recorded and not all of these people had applications for DoLS in place.

A four week rolling menu plan was in operation at Lavender House which was reviewed periodically. The daily menu offered a choice of two daily options.

People using the service had the opportunity to eat in the dining room or in their own rooms if they preferred and to choose where they wished to sit. Meal times were protected and people requiring support with meals were assisted first.

We discreetly observed an evening meal. Tables were attractively set with table cloths; napkins, condiments, cutlery and crockery. People were seen to be offered a choice of meal and refreshments were available. Additional drinks and biscuits were offered during the day or upon request.

We observed that there were limited numbers of staff to respond to the needs of people during the evening meal. One carer had been asked to assist in the kitchen to serve meals. Another carer was upstairs providing support to a person, which left only one carer available to help people who were presenting with different needs.

The most recent local authority food hygiene inspection was in August 2015 and Lavender House had been awarded a rating of five stars which is the highest award that can be given.

Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; practice nurses; opticians and dentists subject to individual needs.

We recommend that a Policy on the Mental Capacity Act and Deprivation of Liberty Safeguards is developed to increase understanding of this protective legislation and provide guidance for staff.

Is the service caring?

Our findings

We asked people using the service if the service provided at Lavender House was caring. People spoken with told us they were well cared for and treated with respect and dignity by the staff at Lavender House.

Comments received from people using the service included: "It's lovely. I'm treated with dignity, respect and TLC"; "I'm treated as best they can. They try to help me in every way they can" and "Staff are kind."

Feedback received from two relatives included: "Our family is very happy with the standard of care provided" and "The staff are nice and understand her needs".

We spent time with people using the service and their visitors during our inspection of Lavender House. We found that interactions between staff and people were positive, responsive to need and caring.

Staff were observed to speak with people living in Lavender House in a warm and friendly way and people looked at ease with staff as they talked together. Staff used their knowledge of people effectively so their conversations and support reflected their understanding of people using the service and their individual needs and preferences.

Through discussion and observation it was clear that there was effective communication between people using the service and staff responsible for the delivery of care. The home had a warm atmosphere and people appeared content and relaxed in their home environment.

Some people using the service had developed friendships with each other and were observed to sit chatting informally at lunchtime and throughout the day in the lounge areas. Relatives were observed to visit through the day and were made to feel welcome.

People spoken with confirmed that their privacy and dignity was respected and that all personal care was provided in the privacy of their rooms or bathrooms. People were observed to be clean and had been supported to dress in appropriate clothing which reflected their preferences.

We carried out an observation over tea-time as a means to assess the standard of care provided. We observed people's choices were respected and that staff were attentive and responsive to the needs of people who required support at meal times however staffing levels were minimal. We also noted that staff communicated and engaged with people in a caring manner and that the mealtime was unhurried and relaxed.

We asked staff how they promoted good care practice when delivering care to people living at Lavender House. Staff spoken with were able to provide examples of how they treated people with respect, privacy and dignity. For example, staff were observed to knock on doors and asked permission before they entered and spoke to people in a dignified manner.

Examination of training records and discussion with staff confirmed staff had access to values based training such as 'person centred care'. It was evident from direct observation and speaking to people using the service that staff applied the principles of treating people with respect, safeguarding people's right to privacy, promoting independence and delivering person centred care in their day-to-day duties.

Information about people receiving care at Lavender House was kept securely to ensure confidentiality.

Is the service responsive?

Our findings

We asked people who used the service and / or their relatives if they found the service provided at Lavender Court to be responsive. Feedback received confirmed people were generally of the view that the service was responsive to individual need.

Feedback received from relatives included: “I have no concerns or complaints”; “I have no issues with the staff, food or cleanliness” and “I have never needed to complain but I know how to.”

We looked at four care files that had been developed by the provider. Files contained pre-admission assessments of need and care plans which outlined abilities; identified needs; risks and action required by staff. Records had been kept under regular review.

Records viewed provided evidence that people using the service or their representatives, where possible, had been involved in care planning.

A range of supporting documentation such as: contact details, financial care plans; life history, personal information; placement reviews; multi-disciplinary visits; risk assessments; accident and incident records; mental capacity assessment and best interest assessments (where applicable) weight records; medical appointments and daily records

A copy of the provider’s complaints policy was in place to provide guidance to people using the service or their representatives on how to make a complaint. Details of

how to raise a complaint had also been included in the statement of purpose and resident’s guide and a separate information leaflet entitled ‘Making a complaint’ was available for reference in reception.

We informed the registered manager that the CQC did not have a statutory duty to investigate complaints as detailed in the information leaflet and statement of purpose. The registered manager assured us that she would amend the information.

We reviewed the complaints records for Lavender House. Records indicated that there had been two complaints in the last 12 months. Information about the complaints and action taken was available for reference and confirmed that action had been taken in response to the incidents.

People using the service and / or relatives spoken with told us that in the event they needed to raise a concern they were confident they would be listened to and the issue acted upon promptly.

A monthly programme of activities had been developed which detailed a range of activities for people using the service including: hairdressing; church services; musical moments; visits from a pianist, organist and / or entertainer; themed parties and special events such as Halloween. External trips were also organised periodically.

The registered manager informed us that people’s birthdays were also celebrated and that staff were responsible for organising daily activities. We observed people participating in a ‘balls in a basket’, ‘my hoop’ and dominoes session during our visit.

People spoken with confirmed they were happy with the activities on offer and records of individual activities were maintained and available for reference within daily records.

Is the service well-led?

Our findings

We asked people who used the service or their relatives if they found the service provided at Lavender House to be well led. People spoken with told us they were happy with the way the service was managed.

Feedback received from two relatives included: “The manager and staff keep me well informed” and “The manager is excellent and on the ball.”

Lavender House had a registered manager in place who also owned the home. The registered manager / owner told us that she had owned the home for approximately 11 years.

Discussion with the registered manager confirmed that she had attained the registered manager’s award and had an extensive background in the health and adult social care sector. The registered manager was observed to engage with her staff team and people using the service and visitors in a professional and caring manner during the day of our inspection. People spoken with told us that the registered manager was approachable and caring.

The registered manager was on duty during the day of our inspection and was helpful and responsive to requests for information from the inspection team.

We noted that a business continuity / emergency plan had not been developed to ensure an appropriate response in the event of a major incident. The registered manager told us that she had developed an emergency crisis and power failure policy however only one document could be located during the inspection. An emergency crisis policy was viewed by an inspector. The power failure policy could not be located during the inspection.

We saw that there was a basic system of audits in place to monitor the operation of the service. These included medication; personal finances; care and staff files and infection control. We noted that the frequency of internal audits was in need of review. For example, the last medication audit had been completed in January 2015 and there was limited information on actions required and when they had been completed. Likewise, the registered manager told us that the last infection control audit had

taken place approximately two years ago. We saw that the deputy manager had started to make notes to progress with an infection control audit however this had not been completed.

This was a breach of Regulation 17 (1) (2) (a) of the HSCA 2008 (Regulated Activities) Regulations 2014. The registered provider did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

Systems were in place to seek feedback from people using the service, their relatives and professionals. We noted that the last resident / relatives surveys were distributed in March 2015. Records showed that the results had been analysed and an action plan produced which highlighted the need for staff photographs, more entertainment and decorating in certain areas.

Meetings with people using the service and / or their representatives and staff were also organised periodically.

We checked a number of test records and / or service certificates relating to the fire alarm system; fire extinguishers; emergency lights; hoisting equipment; gas safety; passenger lift and electrical wiring and found all to be in a satisfactory order.

A fire risk assessment was in place dated July 2014 and a copy of a Health and Safety inspection report dated August 2015 were also available for reference. A number of recommendations had been made in this report which the registered manager assured us would be addressed. We noted that personal emergency evacuation plans had also been produced for people using the service which were stored in the night staff file and in daily diaries.

The registered manager is required to notify the CQC of certain significant events that may occur at Lavender House. We noted that the registered manager kept a record of these notifications and had complied with the legal obligations attached to the role of a registered manager.

A statement of purpose and resident’s guide together with an information leaflet was available for prospective and current people to view in reception. We noted that the statement of purpose was in need of review to ensure it was brought up-to-date with current regulations.

Is the service well-led?

We recommend that a business continuity / emergency plan is developed to ensure an appropriate response in the event of a crisis or untoward incident.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The registered person had not established or operated effective systems or processes to assess, monitor and improve the quality and safety of the services provided.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

People who use services were not protected against the risks of unsafe or ineffective care because the registered person was not ensuring at all times that there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed.