

Lavender Court Care Home Ltd

Lavender Court Care Home

Inspection report

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Date of inspection visit:
19 August 2020

Date of publication:
07 October 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lavender Court Care Home is a residential care home that provides personal care for up to 36 predominantly older people, some of whom are living with dementia. At the time of the inspection seven people lived at the service. The home was on two floors with a range of sharing dining and lounge areas, although due to the low number of people living there the second floor was not being used at the time of this inspection.

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

Since registering as a new provider in May 2019 there has been a lack of consistent leadership and management at the service. In that time there had been four different managers in charge of the day-to-day running of the service. The latest manager, who had been in post for 10 days at the time of our inspection, was a member of the provider's operations team and was already familiar with the service.

Staff were positive about the new manager and this manager demonstrated a good knowledge of people's needs. They had also addressed some of the concerns about communication with external professionals and management oversight that had prompted this inspection. However, because the service had such a new staff team and a history of inconsistent leadership not enough time has elapsed to evidence the sustainability of the management team.

Since the last inspection improvements had been made to how risks were identified, assessed, monitored and reviewed. However, we had concerns about how some records were kept about decisions taken in relation to the risk management of people's care.

Improvements had been made to the systems for staff recruitment, staff training and inductions. There were enough staff on duty to meet people's needs and staff knew how to keep people safe from harm. Staff had received appropriate induction, training and support to enable them to carry out their role safely.

There were clear records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration and skin care.

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.

The premises were clean and well maintained. Cleaning and infection control procedures had been updated in line with Covid-19 guidance to help protect people, visitors of staff from the risk of infection.

People had access to equipment where needed. The gardens were accessible and there was garden furniture for people to use in the summer.

People were involved in meal planning and staff encouraged them to eat a well-balanced diet and make healthy eating choices.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement. (Report published on 2 January 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We received concerns in relation to management of the service and the quality of care and support that was being provided. There had been some safeguarding concerns raised by other professionals. As a result, we carried out a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the well led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lavender Court Care Home on our website at www.cqc.org.uk.

Enforcement

At this inspection we have identified a continued breach in relation to the governance and oversight of the service.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective 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 Court Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Lavender Court is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

Notice of inspection

The inspection was announced. We announced the inspection the day before we visited to discuss the safety of people, staff and inspectors with reference to Covid 19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and the information we had requested when the inspection was announced.

We had not requested the provider send us a provider information return as this inspection was completed in response to information of concern that the commission had received. We used all this information to plan our inspection.

During the inspection

We spoke with the manager, operations manager, managing director and three care staff. We also spoke with two people living at the service.

We reviewed a range of records. This included two people's care records and a sample of medicine records. We looked at records in relation to staff training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



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 inadequate. At this inspection this key question has improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

We reviewed this key question because we received concerns in relation to risk management and guidance for staff using manual handling equipment. We also reviewed this key question to follow up on breaches from the last inspection.

Assessing risk, safety monitoring and management

- Staff told us, and we evidenced, that instructions about some people's care had been changed without staff understanding or being involved in the reasons for the change. For example, a manager told staff that one person no longer needed to be on a soft diet, even though staff had not noticed any changes to their needs and records did not show if a review had taken place by an appropriate healthcare professional. Staff did not follow these changed instructions and managers were unaware of this.
- There was also a lack of clear instructions for staff about how the guidance from an occupational therapist and a physiotherapist was to be implemented. Team leaders asked for clarity about how staff could be made available to carry out exercises for one person and this request was not actioned by management. While staff carried out some of the exercises with the person the full programme was not completed.
- There were delays in obtaining vital equipment for this person, to enable staff to get them out of bed, because of a breakdown in communication between the service and external professionals and between the service and the provider. Records of conversations and visits from external professionals were not always completed and this made it difficult to follow the trail of events. Staff in the service had a different understanding of what equipment was needed as messages had not been recorded or relayed clearly. During this inspection an occupational therapist visited, at the request of the new manager, to complete a review and the new manager resolved all the confusion and the relevant equipment was ordered that day. Fortunately, due to the person being unwell in bed the impact of the delay to their well-being, in obtaining the right equipment, had not been as grave as it might have been.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. Accurate and complete records about decisions taken in relation to people's care were not maintained. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 12.

- Since the last inspection improvements had been made to how risks were identified, assessed, monitored and reviewed. Risks had been appropriately identified, and staff had guidance to help them support people to reduce the risk of avoidable harm.
- Individual risk assessments were carried out to ensure people's families could visit them in a Covid-19 safe way, to limit the risk of infection to people and their visitors.
- When people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included information for staff on how to identify when a person was becoming upset and guidance on how to provide reassurance and support.
- When people were at risk of developing pressure areas air mattresses and cushions were in place to help protect their skin integrity.
- Lifting equipment had been regularly serviced and staff understood how to support people to move around safely.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing

At our last inspection the provider had failed to ensure satisfactory levels and numbers of care staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff on duty to meet people's assessed needs. The staff team was new and several new staff had been recruited since February 2020. Staff told us there were always enough staff on duty.
- People told us there were enough staff to meet their needs they received care and support in a timely manner.

Recruitment

At our last inspection the provider had failed to ensure staff were recruited appropriately. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Since the last inspection improvements had been made to the recruitment processes. Staff had been recruited safely and all necessary pre-employment checks had been completed. Since the last inspection improvements had been made to how conversations during interviews were recorded. These improvements meant discussions about gaps in employment history, identified at the last inspection, were now being recorded.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed living at Lavender Court and told us they felt safe.
- The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse.
- The service had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff knew how to report and escalate any safeguarding concerns.

Using medicines safely

- Medicines were managed safely. People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- Some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. Care plans included protocols detailing the circumstances in which these medicines should be used.
- There were systems in place for the storage, ordering, administering, and disposal of medicines. Storage temperatures were monitored to make sure medicines were stored correctly and would be safe and effective.
- Medicines were audited regularly with action taken to make ongoing improvements. For example, the last audit identified that there were some missing photographs of people.

Preventing and controlling infection

- There were clear protocols in place to prevent visitors from catching and spreading infections. Visitors have their temperature taken and were asked to sign to state if they were well and symptom free. Hand sanitiser was available at the entrance and around the premises for visitors to use. When visiting people inside the home, families were provided with the appropriate PPE.
- Staff had completed training in infection prevention control and how to put PPE on and off correctly. Staff were using PPE effectively and safely.
- The premises looked clean and hygienic. Additional cleaning processes had been put in place and there was a clear audit trail to check these were being completed
- There were clear systems and processes in place to ensure when people moved into the home, or returned from hospital, this was done safely.
- The infection prevention control policy had been updated. A contingency plan and Covid-19 policy had been developed to set out how the service would respond to an outbreak of the virus.

Learning lessons when things go wrong

- Since being in post the manager had reviewed recent incidents and carried out de-briefs with the staff involved. This had resulted in some staff undergoing specific training and support, to reflect on their practice, and learn from the events.

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. People's outcomes were consistently good, and people's feedback confirmed this.

We reviewed this key question because we received concerns about how people's care was being monitored in relation to their weight, nutrition and hydration and skin care. We also reviewed this key question to follow up a breach from the last inspection.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide appropriate support, training professional development and supervision to enable staff to carry out their duties. This contributed to a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since the last inspection improvements had been made to the training and induction programme. Staff we spoke with confirmed they had completed a thorough induction before starting to work on their own. This included shadowing existing staff until they felt confident and their competence was assessed before they started to provide support independently.
- Staff told us they had received appropriate training to carry out their roles so they could support people to a good standard. Records demonstrated staff had received training required according to legal and industry standards. Staff said training was good and included refresher training to make sure their practice was in accordance with up to date guidance and legislation.
- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place three monthly, as well as group staff meetings, where staff could discuss any concerns and share ideas.

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

- Each person had their needs assessed before they moved into the home. This helped to make sure the staff could meet people's needs and expectations.
- From these initial assessments care plans were devised to give staff guidance about how to meet people's needs. Staff knew people well and were able to provide care and support which met their needs.

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

- People were provided with healthy meals and they told us they enjoyed the food provided.

- Staff were aware of any specific dietary requirements, for example, if people needed their food to be pureed to minimise the risk of choking. People were involved in menu planning and staff spoke with people daily about their meal choices.
- Nutrition and hydration care plans were in place and covered people's dietary needs and detailed if assistance from staff was needed.
- Hot and cold drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.

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

- Where people were assessed as needing to have specific aspects of the care monitored such as their weight, nutrition and hydration and skin integrity, care plans detailed how and when the care should be monitored. Staff recorded when these checks were completed. Audits of these records were regularly completed.
- There was evidence of staff making appropriate referrals to external healthcare professionals such as occupational therapists, physiotherapists, district nurses and GPs as needed.
- Care plans for oral care had been developed for each person to identify their needs and take action when needed to support people to access dental care.

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

- The home was well maintained and furnished to a good standard.
- The environment had been adapted to help people with dementia to orientate around the premises. Bedroom doors were painted in bright colours and there were pictures on the doors people had chosen to help them locate their rooms. The premises were zoned into areas which were painted in different colours to help people orientate around the premises independently.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). This was clearly recorded in people's care plans. Families were encouraged to be involved in people's care plan reviews.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.

Is the service well-led?

Our findings

Well-Led – this means 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 requires improvement. At this inspection this key question has remained as 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.

We reviewed this key question because concerns had been raised regarding poor communication with external professionals and management oversight of the service. We also reviewed this key question to follow up on breaches from the last inspection.

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

At our last inspection the provider had failed to establish satisfactory governance arrangements. This contributed to a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- Since registering as a new provider in May 2019 there had been a lack of consistent leadership and management at the service. In that time there had been four different managers in charge of the day-to-day running of the service. However, there had been a consistent senior management team since September 2019. The service is required to have a registered manager, who together with the provider, is legally responsible for how the service is run and for the quality and safety of the care provided. There has not been a registered manager in post since the second manager left the service in February 2020. Although, the third manager did apply to become the registered manager, this application was still being processed by CQC when they left the service.
- Between February and April 2020 there was no manager at the service. During that time two team leaders were in charge of the daily running of the service. Most of the staff team were new to the service and had been recruited since February 2020, including one of the team leaders. Support for the team leaders was provided by senior management through weekly video calls. However, daily management and oversight of the service was limited during this time.
- The third manager started at the end of April 2020, but their employment ended in the probationary period, two weeks before this inspection. At the time of this inspection the new manager, who already knew the service because they worked for the provider as a member of the Operations Team and had worked in the service before, had been permanently appointed a manager and managing the home for 10 days.
- New systems and processes have been implemented since the last inspection and these resulted in the

improvements made in relation to staffing and risk assessments, as reported in the safe and effective sections of this report. However, we had concerns about how some records were kept about decisions taken in relation to the risk management of people's care.

- It is appreciated that Covid-19 had impacted on senior management's ability to spend extended periods of time at the service to assess and monitor the care provided. While senior management were monitoring the previous manager's performance through their probation period, insufficient action was taken to seek staff views. Once staff raised concerns the senior management were quick to respond to those concerns. There were obvious risks, due to a new staff team, changing managers and the challenges of staff coping with Covid-19, which might have been identified sooner had the appropriate questions been asked.
- Staff were positive about the new manager and this manager demonstrated a good knowledge of people's needs. They had also addressed concerns about communication with external professionals and management oversight that had prompted this inspection. However, because the service had such a new staff team and a history of inconsistent leadership not enough time has elapsed to evidence the sustainability of the management team.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate effective feedback had been sought from staff to understand and monitor how the service was being managed. This led to ineffective management of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they were happy living at the service and with the staff who cared for them. One person told us, "I couldn't find a better place to live."
- People's care plans and risk assessments had been kept under review and gave staff guidance about how to provide person-centred care for people.
- Staff demonstrated commitment to their roles and had built positive and caring relationships with people.

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 provider understood their responsibilities under the duty of candour. People and their families had been informed of the changes to visiting put in place to manage infection control in relation to Covid-19. Families had also been informed when there had been management changes at the service.
- The provider had acted when concerns were raised by staff about the management of the service. However, a proactive system to identify such issues in advance were not in place or ineffective.
- The provider had notified CQC of any incidents in line with the regulations.

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

- People were involved in decisions about the running of the service. There were regular meetings about menus and recently there had been a discussion about the use of the shared areas and how people wanted to use them.
- Regular newsletters were given to people, staff and their families to help keep everyone informed of any changes happening at the service.

Continuous learning and improving care

- An electronic care planning system had been put in place and was due to go 'live' a few days after our inspection. The provider hoped this would further improve the recording of the care provided for people and facilitate robust auditing processes.

Working in partnership with others

- Relationships with external professionals such as district nurses, GP, occupational therapists and physiotherapists have recently improved. Some of the concerns that prompted this inspection, regarding the communication between the service and external professionals, had been resolved by the new manager.
- The provider reported there had been challenges in accessing infection control training and Covid-19 guidance from the Local Authority. When the provider raised this with the Local Authority, it was resolved.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to maintain effective management and governance arrangements. The registered had failed to ensure accurate and complete records about decisions taken in relation to people's care.</p> <p>Regulation 17 (2)</p>