

GHS Care Limited

# Lavender Hills Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Lavender Hills Care Home is a residential care home providing personal and accommodation for up to 45 older people and older people living with a dementia. At the time of the inspection visit 36 people were using the service.

People's experience of using this service:

People told us they felt safe at the service. There were enough staff available to provide care and support; staffing arrangements were kept under review. Staff had received training on safeguarding and protection matters. They were aware of the signs and indicators of abuse and they knew what to do if they had any concerns.

The provider had arrangements to promote the safety of the premises, this included maintenance, servicing and checking systems. People were protected by the prevention and control of infection.

Staff followed some good processes to manage people's medicines safely. Some improvements were made during our visit and the provider confirmed further action was in progress, including the medicines management checking systems.

People's needs were assessed, planned for and reviewed. Each person had a care plan which was designed to ensure their needs and choices were met. People were supported with their healthcare needs. Changes in people's health and well-being were monitored and responded to. Where necessary, people received appropriate medical attention.

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

People made positive comments about the caring, sociable attitude of staff. They said their privacy and dignity was respected. We observed staff interacting with people in a kind, pleasant and friendly manner. Staff were respectful of people's choices and opinions.

There were numerous opportunities for people to engage in a wide range of group and individual activities. Visiting arrangements were flexible, relatives and friends were made welcome at the service.

There was a good standard of décor and furnishings to provide for people's comfort and well-being.

People said they were satisfied with the variety and quality of the meals provided at the service. Their individual needs and preferences were catered for. People were supported to enjoy the mealtime experience.

People had an awareness of the service's complaints procedure and processes. They indicated they would be confident in raising concerns. Some complaints records were unclear and didn't properly show how they were investigated and managed. The provider confirmed to us, action had been taken to make improvements.

The provider had arrangements to encourage people to express their views and be consulted about Lavender Hills Care Home. They had opportunities to give feedback on their experience of the service and suggest improvements.

The provider used a variety of systems and processes, to regularly monitor and improve the service. Management and leadership arrangements supported the effective day to day running of the service.

Rating at last inspection: At the last inspection the service was rated good (published 5 October 2016).

Why we inspected: This was a planned inspection in line with the previous rating.

Follow up: We will plan a follow up inspection as per our inspection programme. We will continue to monitor the service and if we receive any concerning information we may bring the inspection forward.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained good.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remained good.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained good.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service remained good.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service remained good.

Details are in our Well-Led findings below.

Good ●

# Lavender Hills 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.

**Inspection team:** This inspection was carried out by one adult social care inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience of older people and people living with a dementia.

**Service and service type:** Lavender Hills Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. The service provides personal care and accommodation for older people and older people living with a dementia. Nursing care is not provided.

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

**Notice of inspection:** The inspection was unannounced.

**What we did:** Before the inspection, we reviewed the information we held about the service, including notifications and previous inspection reports. We contacted Lancashire County Council contract monitoring team, the local authority safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used information the provider sent us in the Provider Information Return. This is information providers give us annually about the service, it includes what the service does well and any improvements they plan to make. We used our planning tool to collate and analyse all the information, to help us plan our

inspection.

During the inspection we spent time with people who used the service and observed how they were supported. We talked with eight people who used the service and seven relatives. We talked with: three carers, three senior carers, a team leader, the deputy manager, the chef manager, a kitchen assistant, two activity coordinators, a cleaner, the maintenance person, the administrator, the registered manager, the provider and a marketing officer.

We looked around the service and reviewed a sample of records, including three care plans and other related care documentation, two staff recruitment records, complaints records, staff meeting records, and quality assurance records and various audits.

After the inspection; we received additional information to confirm improvements with medicine management and ongoing refurbishment.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe at the service. Their comments included, "I think it's lovely here and I feel safe" and "I feel safe and I have never come across any bullying." A relative commented, "I have never seen any unsafe behaviour in the times that I have visited."
- We observed people appeared relaxed and content in the company of staff and managers. Staff supported people safely with their mobility needs.
- Staff were aware of safeguarding and protection matters. They described what action they would take if they witnessed or suspected any abusive practice. Staff had received training on adults at risk.
- Safeguarding incidents had been reported and managed in line with local authority protocols.

Assessing risk, safety monitoring and management

- People's individual well-being and safety was risk assessed, risk management plans guided staff on minimising risks to keep people safe.
- Individual risk assessments included: falls, nutrition, skin integrity, moving and handling, support with medicines and behaviours. Staff reviewed and updated risk assessments in response to changes. People had individual evacuation plans for emergency situations.
- The provider had processes to maintain a safe environment for people who used the service, visitors and staff. One person said, "[Name of staff] is very helpful and he fixes everything for us. I think the home is environment is good."
- Staff completed maintenance checks and carried out fire drills and fire equipment tests. We noted some matters in need of attention, including a lack of suitable bedroom door locks and the floor covering in one shower room needed attention. These matters had been identified and the provider had plans place to make improvements.

Staffing and recruitment

- Staff recruitment procedures protected people who used the service and there were enough staff deployed to meet people's needs.
- The provider had disciplinary procedures to manage unsafe and ineffective staff conduct.
- There were sufficient numbers of staff to support people to stay safe and meet their needs. We received mixed comments about the availability of staff. People said, "There is not always enough staff. They work very hard here," "There are enough staff to manage my needs, but I don't ask for much." A relative said, "There seem to be good numbers of staff here."
- Staff told us staffing arrangements were mostly satisfactory and that the staff rotas were covered.
- The provider had processes to monitor, review and adjust staff deployment, in response to people's

dependency needs. We discussed ways of developing the process to include people's views, experience and the layout of the premises.

#### Using medicines safely

- Some improvements were needed in safely supporting people with their medicines.
- There were shortfalls including, with the application of topical creams, 'when required' medicines, storage temperatures and medicine returns. We discussed these matters with the registered manager who took immediate action to make improvements.
- Following our visit, we received confirmation of the action taken to make improvements. We were assured medicine audits would be updated to ensure continued progress.
- Staff responsible for administering medicines had completed training. Their competence had been assessed. Medicine management policies, procedures and recognised guidance was available.

#### Preventing and controlling infection

- The provider had processes to maintain a clean environment.
- One person said, "My room is cleaned every morning and I think the home is clean in general." A visitor told us, "I think the home is clean, I wouldn't stay here or let my [relative] stay here if it wasn't."
- All the areas we saw appeared clean and hygienic. Cleaners and laundry staff were employed. Cleaning schedules provided directions and checking systems to maintain hygiene standards.
- Staff had access to and used, personal protective equipment, including disposable gloves and aprons. Infection control and food hygiene training was provided.
- Staff completed regular audits to maintain hygiene standards.

#### Learning lessons when things go wrong

- Lessons were learned and improvements made, when things went wrong.
- Staff kept records of accidents and incidents. Managers and staff were aware of their responsibility to report and record untoward incidents.
- The provider had processes to monitor incidents, share outcomes and improve the service, to help prevent similar incidents and reduce risks to people, to promote a 'lessons learnt' approach.

## 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.

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

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

- People's needs and choices were assessed and their care and support delivered to achieve effective outcomes.
- The registered manager described how people's needs and abilities were initially assessed to ensure the service could meet their needs. Records showed this included the completion of a thorough assessment.
- One relative told us, "The managers came to visit [family member] in her own home prior to moving in. They talked about her likes and dislikes, what food she liked and what mattered to her. They also discussed what mum had done through her working life."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff assessed people's capacity to make specific decisions as required. The support people needed with making decisions was reflected in their care plans.
- The registered manager had taken appropriate action to apply for DoLS authorisations through local authorities in accordance with the MCA code of practice. Conditions on authorisations were being met.
- Staff understood the importance of gaining consent and promoting the rights and choices of people. We saw they were patient and reassuring when supporting people to make decisions. They involved people and got their agreement before providing care and support. One person told us, "Staff members always ask for my permission." A relative told us, "[Staff] will ask for consent before doing anything."

Supporting people to live healthier lives, access healthcare services and support

- People's health and well-being was monitored and they had access to healthcare services.

- The care planning process included people's medical histories and health and well-being needs. Relatives commented, "There have been referrals to the podiatrist, GP, optician and also to the hairdresser" and "I am just happy that [my relative] seems to have been very lucky in getting such a good place that has supported improvement in health."
- People were offered activities to promote their well-being, including gentle exercises and short walks.

Staff working with other agencies to provide consistent, effective, timely care

- People were assisted to receive care and attention from health and social care professionals.
- There were clear examples of the service working with others, to ensure people received support and attention. One person said, "They would call the GP for me if needed." A relative told us, "The staff notice when hearing aids and glasses are broken or missing and make the necessary arrangements."
- The provider had arrangements to share relevant information when people accessed other services. The service had received positive feedback from healthcare professionals, on the care provided and their information sharing.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People made some positive comments about the variety and quality of food provided. One said, "The meals are very good here." Another person explained there was always a choice of main course and they were asked daily for their preferences. A relative said, "Everything is fine with the food and drink. They all get plenty of fluids and [my relative] can eat what she chooses. There are always fresh fruit and vegetables."
- At lunchtime we observed people were offered choices and given time to eat. They were sensitively supported to be independent with their meals and enjoy the mealtime experience.
- Staff kept records of people's dietary needs, likes and dislikes. Staff monitored people's food intake as required. Their weight was regularly checked and responded to accordingly.

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

- People's individual needs were met by the adaptation, design and decoration of premises.
- People said, "It's a beautiful location and it's also pleasant inside the home" and "I have my own pictures on the walls in here and I chose the apple green paint in my room." A relative explained, "They spent an outstanding amount of time in supporting [family member] to settle in here. They even changed the colour of her room to suit her taste. There are lots of personal effects...to make it more homely."
- There was a very good standard of furnishings and decoration. People had been consulted on the colour schemes and furnishings in communal areas.
- The provider had researched the provision of suitable environments for people living with a dementia. Further developments included, a kitchenette in the lower lounge and improved access to the garden terrace.

Staff support: induction, training, skills and experience

- The provider ensured staff had the skills, knowledge and experience to deliver effective care and support.
- One person told us, "The staff here do know what they're doing." Relatives commented, "Mostly staff have the necessary knowledge and skills to provide the care" and "The staff seem to have the skills to manage [my relative's] needs."
- Staff said they had access to training. There were induction programmes for new staff. There was ongoing training to help ensure they understood people's needs and were able to provide effective support.
- Staff had or were supported to achieve, nationally recognised qualifications in health and social care. They had regular one to one supervision meetings and an annual appraisal.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness, respect and compassion and were given emotional support when needed.
- People made very positive comments about the way they were treated. They said, "I am very impressed with everything that's been happening here. I feel that the staff are kind, caring and respectful," "They are all kind here," "All of them are friendly and helpful" and "They're all know me well. I can talk to people and have a laugh."
- Comments from relatives included, "The staff seem to have the right approach and they are all kind and caring" and "There is excellent care given to residents and family members. The staff are kind and respectful. They listen to us and act on what we say."
- We observed respectful and sensitive interactions between people using the service and staff. Staff were understanding and considerate when responding to people's needs and providing support.
- Staff and managers knew people well. They were aware of people's individual needs and preferences and the importance of respecting their human rights.
- Care records included 'this is me' profiles, which included information on people's, life history, relationships, interests and hobbies. Cultural and religious needs were considered, and individual needs and preferences planned for.

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

- People were consulted on their care and were involved with day to day matters.
- People said, "The staff listen to me and act on what I say," "I can make everyday choices, for example with my meals and they help me when I want to get up" and "I make different choices. I always choose what I want to wear in the morning."
- Staff had time to spend talking with and listening to people. We observed people were offered choices and involved in discussions.
- People made mixed comments on involvement with their care plans. However, we found where possible, people had been consulted about the content of their care plans and with ongoing reviews.
- A handbook provided people with information about the service. Leaflets were available on health and well-being advice, also details of local advocacy services. Advocates can speak up for people and provide support with making decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld and their independence promoted.

- People said, "Staff respect privacy and dignity," "They are respectful and treat me with dignity" and "They always close the door...they ensure that I am covered to protect my modesty."
- We saw people were encouraged to do things for themselves. People said staff supported their independence. One commented, "They all encourage me to do what I can for myself."
- Staff explained how they promoted privacy and encouraged independence, in response to people's individual abilities, needs and choices. They described how they maintained confidentiality by not speaking about people in front of others. One said, "If people can manage by themselves, we encourage this."
- Positive relationships were encouraged. Visiting times were flexible and people told us of the contact they had with families and friends. One relative said, "Whenever I visit, I'm always impressed by the home. The staff always make us feel welcome and provide drinks on arrival."

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs.
- People told us, "I believe that I generally get support when I need it and I am content here" and "I have improved since coming to live here." A relative commented, "I am impressed with the home...They spent an outstanding amount of time in supporting [relative] to settle in here."
- Each person had a care plan which was designed to meet their needs. Staff assessed people's individual needs and choices. Person-centred details described how care and support was to be provided.
- Staff regularly reviewed people's care plans and updated them when necessary, to respond to people's changing needs. Daily monitoring records were kept of people's well-being and the care the support provided to them.
- Staff had ongoing access to people's care plans. There were regular staff 'hand over' discussion meetings to communicate and share relevant information.
- Technology was used to respond to people's needs. A computerised care planning system was in use. Call and alarm systems promoted people's well-being and safety. People were supported with electronic devices for communication and keeping in touch with others.
- The managers used the internet to promote good communication, access relevant information and support staff training.
- The service understood and had responded to The Accessible Information Standard. People's sensory and communication needs were assessed and their individual support needs responded to. Some written information had been produced in a 'user friendly' style. We discussed ways of involving people with developing written material, including the service user's handbook.
- The provider offered a wide range of activities and opportunities for stimulation and engagement. The activities coordinators had won an award at the North West Care Awards 2018.
- People made positive comments about activities they said, "I loved having my nails done this morning," "I like movement to music, the choirs, yoga and craft work" and "There are things happening at Easter, Christmas and to celebrate people's birthdays." Relatives said, "The activities are very good now" and "There are lots of activities."
- An activity programme was displayed. The activity coordinators described the varied range of group and individual activities held and planned for including: music therapy, a mobile spa pet/animal therapy, film shows. Also, creatively responding to people's individual aspirations and 'wish lists.'
- Staff sought and recorded people's interests, life experiences and skills. They kept records of people's participation and experiences with activities.
- Resident's and relatives meetings had been held. Records showed various topics, had been discussed. We discussed with the registered manager, ways of conducting meetings to further empower people and promote their rights and choices.

### Improving care quality in response to complaints or concerns

- People's concerns and complaints were listed to and acted upon to make improvements.
- People indicated they would feel confident in speaking up, if they had concerns or wished to make a complaint. One told us, "If anything was wrong, I would speak to a member of staff. I have no complaints whatsoever!" A relative said, "Occasionally, there have been minor concerns, but they have all been sorted out quickly."
- The provider's complaints procedure was on display in the service. This provided directions on making a complaint and how it would be managed, including timescales for responses.
- The complaints recording process was inconsistent. Although we could see complaints had been received and dealt with, some records did not show a clear audit trail of how the concerns were investigated, managed and resolved.
- Following our visit, the provider confirmed the action taken to make improvements. This included, developing recording and auditing systems and accessing training on complaints management.

### End of life care and support

- End of life care was provided when necessary, in response to people's preferences and changing needs.
- Any advanced decisions were sensitively obtained, agreed and recorded, to ensure care was delivered in line with the person's wishes.
- The service worked with other agencies as appropriate, when responding to people's specific end of life needs.
- A 'Family Forever' group was being created with to offer support to relatives following the loss of family members.

# Is the service well-led?

## Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted good-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Lavender Hills Care Home provided a very welcoming, friendly, homely and inclusive atmosphere. People said, "The best thing about this home is not the exterior view, but the love and care that staff have in abundance," "[My keyworker] listens and knows both me and my family well. There is a stable staff team at the moment which is good. I would recommend this home."
- Relatives told us, "The best thing is the quality of care, which is respectful of the individual's dignity," "The managers are very approachable and are easy to talk with about [my relative]'s care. The owners visit regularly too" and "I think this home provides professional and safe care."
- A 'keyworker system' linked people with a named staff member, to build relationships and provide a more personal service.
- The registered manager, deputy and provider were proactive in their response to the inspection process. They understood and acted upon their duty of candour responsibilities by promoting a culture of openness and honesty.

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

- Management arrangements provided effective leadership and direction.
- One relative commented, "They all seem to work well as a team. What I've noticed is that there isn't a high turnover of staff, which is good."
- There was an established management team. Rotas ensured there was always a senior member of staff on duty. The registered manager expressed a genuine commitment to progressing the service and fulfilling their legal responsibilities.
- Staff had job descriptions and contracts of employment which outlined their roles, responsibilities and duty of care. They had access to policies and procedures to guide them. There were designated staff 'champions' with responsibilities for aspects of care provision.
- The service's 'philosophy of care' was reflected within written material and on their internet website. One mission statement was, 'Every aspect of daily life at Lavender Hills contributes to the high quality care we strive to provide.'

Continuous learning and improving care

- Quality assurance systems aimed to ensure the monitoring and development of the service.
- Staff followed processes to regularly audit, systems and processes, including the prevention of infection, care planning, accidents, falls, staff training, health and safety, refurbishment, complaints and medicine

management. Although we found some matters for development, we were assured progress would be made.

- Regular provider quality monitoring visits were completed. Any shortfalls were identified and an action plan for development implemented to make improvements to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were consulted on their experiences of the service and could influence improvements. Their opinions and experiences of the service were considered in care reviews and resident's meetings. People and visitors could comment on the service via suggestion box and a national care home review website.
- The provider carried out an annual quality assurance consultation with people, relatives, staff and allied professionals. A survey had been carried out in September 2018. The responses had been reviewed and collated.
- Action had been taken to develop the service as a result of responses in consultation surveys. For example, the range of activities and opportunities for engagement had been developed.
- Regular staff meetings were held; various work practice topics had been raised and discussed. Staff said they could voice their opinions and make suggestions for improvement. One staff member said, "The managers are approachable and doing a good job. We can speak up and they listen to us."
- The service worked well with other agencies and community resources. This included healthcare and social care professionals. Positive links had been established with a local college, students attended to offer opportunities for baking, singing and hair and beauty treatments.
- The service's CQC rating was on display at the service and their internet website.