Psycare Limited

Lavender Lodge

Inspection report

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 18 and 23 October 2017. At our last inspection on 3 November 2014, the service was rated as good. At this inspection, we found a number of concerns and the service has been rated as requires improvement. Lavender Lodge is registered to provide accommodation and personal care for up to nine people with a learning disability. At the time of our inspection, nine people were staying at the home.

There was not a manager in post, who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

There had been an acting manager in place to cover the service. The acting manager spent two days a week at the home. There was also a deputy manager at Lavender Lodge. We also noted the new manager for the service had now completed their induction and since the inspection has taken up the management position at lavender lodge.

The systems in place to manage medicines were not effective, unsafe practices had been identified, but actions had not been taken to address these.

Staff lacked guidance and leadership and robust governance systems were not in place.
Infection control protocols were poor and there were no cleaning schedules in place. Staff had not followed good practice to ensure that required standards of cleanliness and infection control were in place.

People were not supported to keep safe, risk assessments were not reviewed and people's risks had not been identified. Accidents and incidents were not reviewed or documented to ensure people's changing needs were identified.

Safe and effective recruitment practices were followed to help ensure that all staff were suitably qualified and experienced. Staff did not receive regular supervisions or meetings to support their needs.

People who lived at Lavender Lodge required reviews to ensure their changing needs were met and to ensure the correct support was in place to maintain their best interests. There was not always enough staff to support people's needs or preferences.

People who lived at Lavender lodge did not receive regular meetings or one to one time to enable them to be involved with how the home was run and to have a voice to express what is important to them.

People did not receive the support and encouragement to develop their interests and hobbies.
Care plans did not always reflect the person as they had not been reviewed regularly and updated with

changes to people's daily needs.

Staff were caring and kind and knew the people they supported. People felt happy at Lavender Lodge.

People's privacy and dignity were respected and records were kept safe and stored securely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not always supported to take their medicines as prescribed.

Infection control practices were not sufficient to ensure that the required standards of cleanliness and infection control were in place.

People preferences were not always met due to staffing levels.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were not always supported to have a healthy eating plan, to promote their wellbeing.

People had not had regular reviews to ensure their choices were met.

People were supported by staff that were trained to meet people's needs.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were not involved in the planning, delivery and reviews of the care and support provided.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

Care was provided in a way that did not always promote people's dignity and respect their privacy.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not always receive personalised care that met their needs and took account of their preferences and personal circumstances.

People were not supported with developing their interests and goals.

Care plans required updating to enable effective person centred care and support.

People were not supported to maintain social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns. However, these were not documented appropriately.

Is the service well-led?

Requires Improvement

The service was not well led.

There was no registered manager in place.

Systems were not in place to quality assure the services provided, manage risks and drive improvement.

Staff were not positive about how the home operated.

Staff did not understand their roles and responsibilities; they were not supported by the management team.

Lavender Lodge

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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 18 and 23 October 2017 by one Inspector and was unannounced. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist with our planning. We also also reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with five people who lived at the home, two relatives, three staff members, the deputy manager, the supporting manager and the newly appointed manager. We looked at care plans relating to two people and three staff files and a range of other relevant documents relating to how the service operated.

Requires Improvement

Is the service safe?

Our findings

People's medicines were stored safely and securely in a locked cupboard and staff had received medicine training. However, we found people's medicines were not always managed safely. There were gaps in the medicine administration records chart (MAR) and there was confusion from staff around the application of prescribed creams. For example, two people were not having their prescribed cream applied and staff could not tell us why this was the case.

We checked the quantities of medicines prescribed on an as needed basis against the records and found them not to be accurate. For example, we chose a random selection of paracetamol to be given when required. We looked at the records of how many tablets had been documented in the packet and looked at how many of these had been given by staff. We found that there were discrepancies in the amount remaining. This meant we could not be sure if medicines had been given. We also noted that temperature checks for the medicines fridge and storage room had not been completed daily. Medicines should be stored under conditions, which ensure their quality is maintained. The temperature of storage is an important factor that can affect the stability of a medicine.

On the day of the inspection, the assistant manager had completed a medicine spot check and had identified these issues. The manager who was covering for the home explained that they had completed audits in September, this had highlighted areas of concern around medicines, and they had made some changes. However, these changes had not ensured that medicines were managed safely.

Infection control practices were not effective. We looked at how the provider managed infection control and found issues with the infection controls in place. For example, the laundry room had no clear areas in place to identify clean and dirty items. On the day of the inspection we found that the washing machine had flooded the floor. Staff confirmed that the machine was faulty and this was not the first time this had happened. One person's personal clothing and linen were on the floor. Another's were on the work surface on top of a used mop head. A staff member was seen hand washing another person's clothing; they explained this was due to the backlog of washing. However, this meant that the clothes might not have been washed at the correct temperature to ensure they were cleaned properly.

There was a colour-coded system in place to reduce the risk of cross contamination. For example, red mops used to clean toilet areas and blue mops for kitchen areas. We found that the different coloured mops used were stored together resting upon each other this meant that there was a risk of cross contamination. We also found linen in a plastic red bag on the landing carpet (red bags are used for soiled items) beside the red bag was a used mop (coloured red) that had been leant against the wall resting on the carpet. This meant there was a risk of spreading infection as the carpet had been potentially contaminated.

We asked to look at the cleaning schedules and found that they had not been completed. This meant that there was no system in place to ensure that the cleaning of the home was completed as required.

Therefore due to the ineffective infection control and issues relating to management of medicines, this was

a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

People who lived at Lavender Lodge told us they felt safe. One person said, "Yes I feel safe here, they are all my friends." One relative said, "[Relative] is happy there they tell me they feel safe."

There were safeguarding policies and procedures in place. Staff we spoke with confirmed that they had received training to give them the necessary skills and knowledge to recognise abusive practice and were clear that any suspicions of abuse should be reported immediately. There was information available on the notice board to remind staff how and where to report any safeguarding matters. One staff member said, "If I had concerns I would report them immediately." Staff were aware of how to escalate concerns and how to report concerns to other organisations such as the local authority and Care Quality Commission (CQC).

However, on the day of the inspection we were invited into the home by one of the people who lived at Lavender Lodge. We walked around the home and encountered staff. However, we were not asked who we were or why we were in the home. We were only asked this when we entered the manager's office. This meant that staff did not challenge a stranger walking around the home that supported vulnerable adults. This was an area that required improvement.

Risks to people's safety and wellbeing had been assessed. However, risk assessments were not reviewed regularly. We found that accidents and incidents had not always been documented. This meant that the registered provider was not able to review and identify patterns and trends in order to keep people as safe as possible. There was not an adequate system to review accidents and incidents to ensure people were safe. This was an area that required improvement.

Staff felt there were not always enough staff to meet people's needs. One staff member said, "We can't always do what people want because we don't always have enough staff." We looked at the staff rota and we noted that there were days the cover had not met the provider's staffing requirements. We noted that the deputy manager had covered these shifts if agency staff were not available. This was not beneficial to the service as the home was lacking the structure of a permanent manager and there had been issues identified and it meant the deputy manager was unable to complete management tasks. One relative told us they had concerns about staffing levels.

Safe and effective recruitment practices were followed to help ensure that all staff were of good character and that they were physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

Requires Improvement

Is the service effective?

Our findings

People were not always supported in accordance with the principles of the Mental Capacity Act 2005. 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 so that they can 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 found that people's capacity to make decisions was not reviewed regularly to ensure people's capacity had not changed. For example one person who had been assessed as having capacity to manage their finances had recently had it highlighted that they had no money in their account. We were told that this was now being reviewed and plans to manage their money were to be put in place. One staff member commented, "[Person's name] care plan states they can handle money, we have noticed they don't have the capacity anymore." However, because regular reviews were not in place these changes were not identified and left the person at risk. The manager and deputy both stated that they had already requested reviews take place and that they would also be carrying out their own assessments.

Therefore, due to the lack of assessments for people's changing needs, this was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) 2014.

Staff told us that they encouraged and supported people to make choices on many areas of their lives as much as they were able. This included areas such as what people wanted to do or what they wanted to eat. One staff member said, "Choice is very important." Another staff member said, "They have their human rights to say what it is they want." Staff confirmed they spoke with people on a daily basis and helped support people with their daily needs.

Staff had received training to help ensure that they had the right skills to meet the needs of the people using the service. For example, safeguarding vulnerable adults, safe administration of medicines, infection control and moving and handling. However, we noted that medicines training may not have been effective due to the issues found.

People confirmed they were supported with their food choices. However, there was no evidence to demonstrate that people were involved with the menu choices. One staff member confirmed that if people do not like what's on offer they would always prepare an alternative. They also confirmed they had spoken with people, to get feedback on what they would like to see on the menu. One person commented, "Staff ask me what I would like to eat."

People had access to local healthcare services and specialists. When staff became aware that people were feeling unwell, appointments were made with a local GP or relevant professional. On the day of our

inspection, one person had an appointment to attend. However they chose to not attend and we observed the staff encourage the person to attend and explain why the appointment was important. The staff member explained that they cannot force people to attend and will arrange another appointment for the person to attend.

Requires Improvement

Is the service caring?

Our findings

People were not involved in the day-to-day decisions of how the home was run or how they wanted to develop their lives and interests. There were no meetings for people living at the home or monthly reviews being completed at Lavender Lodge. The key worker system that had been in place had stopped. For example, one person's care plan stated that the person had two keyworkers' to support the person. One of the named staff had left the service and the other named staff worked one day a week. Staff confirmed that the keyworker system was not in place. One person we spoke with said, "I would like to go out more. I don't go swimming because no staff to take me." This meant not everyone felt supported to achieve what they wanted to do. The manager told us that they had already started the process of introducing keyworkers and had asked people who they would like. The manager told us there was a lack of involvement for people who lived at Lavender Lodge but that this would change.

We found details of advocacy services but there was no evidence to suggest these were used. We asked the manager and they were unaware of advocacy support that had been used. Ensuring people's involvement in the care they receive and the running of the service was an area that required improvement.

People's privacy and dignity were respected. Staff understood what privacy and dignity meant in relation to supporting people. For example, we saw staff knocking on doors to people's private spaces and private and confidential records were maintained securely in a lockable office. One staff member told us, "During the day shifts we ensure that there are female staff on because [name of person] feels more comfortable when it comes to personal care." However, we noted that night shifts were only staffed with one staff member and these could be male members of staff. This meant that people's preferences were not supported. We spoke with the acting manager who explained that they had highlighted this within their review and had requested for two staff at night that would ensure a female staff member to meet people's preferences. However, this was not in place at the time of our inspection and was an area that required improvement.

People who used the service told us that they were happy and liked living at Lavender Lodge, they also confirmed they were looked after by kind and caring staff. One person said, "It's a good place to live we all get on together." One relative said, "They [staff] are always so welcoming there."

The communal areas were homely and pleasantly decorated; people's bedrooms were individual and personalised. We observed positive and caring interactions between people and the staff that supported them. One relative said, "Staff are very caring, I don't call to say when I'm coming, I just turn up and there is always a good atmosphere in the home." They went on to explain that their relative was happy and has settled in well at Lavender Lodge.

Requires Improvement

Is the service responsive?

Our findings

People's relatives told us that they were happy with the communication from staff and management team. One relative said, "I know who to call if I need anything."

However, people who lived at Lavender Lodge did not receive formal one to one time to discuss what they wanted and they were not supported to develop their interest or goals. There were no regular meetings for people to share their ideas and have a voice about how the home was run. The recent review completed by one manager in September 2017 identified that there had been no meetings since February 2017 and that there was no evidence of involvement for people who lived at Lavender Lodge. However, this had not been acted upon.

We found that there was not an adequate system in place to ensure people were supported to maintain their interests and hobbies. Some people we spoke with told us they were happy and they liked living in Lavender Lodge. These were people who had free access to the community as they were independent and enjoyed going out. One person we spoke with told us they were going to the local church and staff confirmed they did voluntary work there. However, not all people had the ability to access the community when they wanted.

We asked to see evidence of people's activities; the deputy manager told us that this was not available as staff had not documented this. We spoke with one person who told us that they were bored as there was not much to do. We noted that the person had activities noted in their care plan that they enjoyed doing. However, the provider had not ensured that the person was supported to grow and develop their interests. One relative said, "I have asked why are they all in at weekends, why are they not getting out."

People received support from a staff team that were able to demonstrate they knew the people they supported. The staff were able to describe to us the individual needs and requirements of the individuals who used the service. However, care plans we looked at did not reflect the person and were not regularly updated to reflect the person's needs. We spoke with the manager about this and they confirmed they had identified that care plans needed to be reviewed and had this as part of their action plan. Staff confirmed changes had not always been reflected in the care plans.

We noted that care plans did not promote people wellbeing. For example, one person who had diabetes, who was overweight did not have a healthy eating plan in place. There was no real support or guidance to encourage healthy choices around food or to promote daily exercise. We also noted another person who had complex health issues, had not received adequate support to meet their physical and emotional needs. The provider had not ensured that the individual received adequate care. One relative confirmed they had concerns about their relative's weight and did not feel that the right support was in place. The deputy manager confirmed that people's support needs around nutrition needed to be reviewed to ensure the correct support and guidance was available.

Therefore, due to people's needs not consistently being met in relation to care and activities and care plans

not being accurately monitored, this was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider did not manage people's complaints appropriately. Staff confirmed that people would talk to them about things they were not happy with but these were not documented to ensure that all concerns were addressed. People who lived at Lavender Lodge did not have the opportunities to voice their concerns or ideas in a structured way. There was no evidence to demonstrate that people's complaints were managed effectively. This was an area that required improvement.

Requires Improvement

Is the service well-led?

Our findings

There had not been a registered manager at Lavender lodge since July 2017. The provider had put temporary cover from managers from their other homes. The managers had identified many issues and had introduced an action plan. However, we found that the systems in place to address the shortfalls were not effective. For example. the action plan identified that medicine systems were poor. This resulted in changes to the medicines system. However, we found that the medicine systems were still not safe and they were not monitored to ensure the improvements.

Another area highlighted by the acting manager was that audits needed to be implemented as the last audits completed were in February 2017. The acting manager completed audits in September but we found these audits had not been effective to address the areas of concern that we identified at the inspection. For example, an audit completed for infection control. We found that infection control was not adequate and staff were not completing a cleaning schedule. The audit had not identified these issues which meant the audits were not effective as they failed to highlight and address areas of concern.

Staff lacked guidance with daily tasks as there was ineffective leadership. One staff member said, "We have had different managers coming and going and it's confusing what documents we need to fill in, as they all want different things." The acting manager told us that a shift planner had been introduced and this gave guidance to staff on their responsibilities and duties for their shift. However, staff did not use this. We found that the acting manager was not aware and surprised that this was not in place. This demonstrated that recent improvements introduced were not monitored. We found a lack of documentation to demonstrate involvement of people even though it had previously been identified as an issue. We had concerns that people had not been supported with activities and the provision of activities had not been monitored to ensure they were being provided. People were not supported to develop their interest and goals.

There had been one staff meeting held on the 21 September 2017 Staff told us that they had not received regular supervision. Staff felt they were not supported. There was no structure in place for staff to know what their role was for the day. Staff told us that they work well as a team and just sorted it out as they went along. However, with limited guidance and structure this meant that areas of concern that we have listed in the report were allowed to develop, staff did not receive adequate guidance or competency checks and supported where required.

Records such as care plans, risk assessments, accidents and incidents all required updating to ensure people were receiving the appropriate support. This meant that people's changing needs may not be identified and the appropriate support plan in place. Staff we spoke with loved their job but felt the home needed stability and they needed to know what was expected of them.

Therefore, due to the ineffective management and quality systems, this was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) regulations 2014.

Following our visit to the service, a manager has started at Lavender lodge. They have not yet registered with

CQC. The new manager confirmed they are addressing the concerns identified during our visit and have started reviewing the service to ensure improvements are made. They have confirmed by email after the inspection that medicine procedures were reviewed and procedures updated. They have also confirmed that an action plan will be implemented and they will have the service audited by other managers from the provider's other services early November to monitor the progress.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care and treatment of service users did not always meet their needs or reflect their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not insured assessments for people's changing needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the proper and safe management of medicines and had not ensured infection control procedures were managed effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to monitor and improve the service. There was a lack of documentation and records

required updating to ensure people's needs were met.