

Avery Homes (Nelson) Limited

Lavender Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

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 Lodge is a residential home providing nursing care and personal care for 60 people at the time of the inspection, some of who may be living with dementia.

Lavender Lodge accommodates up to 66 people in one adapted building.

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

Staff's training was not always up to date and staff supervision did not always take place routinely to ensure their knowledge and skills remained current. However, staff told us they felt supported and could go to the registered or deputy manager if they needed to talk as there was an open-door policy. The provider had identified staff support and training needed to improve. As actions were either implemented during or straight after the inspection to address this shortfall we were unable to judge the effectiveness of these new arrangements during this inspection.

Most 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. We found for one person their support arrangements could be overly restrictive and changes were being made to avoid unnecessary restrictions.

People received a service that was safe. Systems and processes were in place to manage medicines safely and protect people from the risk of abuse.

Care workers had developed relationships with people they supported. Staff respected people's dignity and privacy and promoted their independence.

People's care and support met their needs and reflected their preferences.

Management processes were in place to monitor and improve the quality of the service. Plans were in place to address the shortfalls the provider identified in relation to training. There was a positive and open culture.

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

Rating at last inspection

The last rating for this service was good (published 2 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Lavender Lodge 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

The inspection was carried out by one 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.

Service and service type

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

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

This inspection was unannounced.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection:

We spoke with five people who used the service and nine family members. We spoke with the registered manager, the deputy manager, the operations manager, one registered nurse and four staff members. We looked at the care records of six people. We looked at four staff records, including training and recruitment records. We looked at other records to do with the management of the service.

After the inspection

We continued to gather information to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the risks of abuse, the signs to look out for, and how to report any concerns should they have any. Staff told us they felt confident any safeguarding concerns would be dealt with effectively.
- People told us they felt safe at Lavender Lodge and that staff were quick to respond to requests for support. One person told us, "The staff make me feel safe."

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place to manage risks such as the risk of falls or malnutrition. Risk assessments had detailed information for staff to follow to minimise risks.
- Environmental checks were carried out to ensure people were safe in the premises.
- We noted in people's files that where necessary people had body maps to monitor pressure areas, bruises or redness on their skin.
- The provider had a business continuity plan to manage risks such as bad weather, or large numbers of staff going sick.

Staffing and recruitment

- The provider had completed a dependency tool which is a tool that works out the staffing levels needed for the residents needs to be met. The amount of staff indicated was evidenced in staff rotas.
- On the day of inspection there were sufficient numbers of suitable staff to support people safely according to their needs.
- People, relatives and staff we spoke with gave mixed feedback with regards to staffing levels. The registered manager was aware of people's mixed feedback and was continually assessing the staffing needs in the home.
- The provider's recruitment process was robust, and included the necessary recorded checks that showed candidates were suitable to work in the care sector.

Using medicines safely

- We observed staff following procedures that were in place to make sure people received their medicines safely, according to their needs and choices, and as prescribed.
- People received their medicines from trained staff who had their medicines competency checked.
- The provider used an electronic medicines management system which helped to ensure medicines administration and recording were accurate, complete and up to date. The provider had a system to audit records and follow up any gaps or mistakes in records.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to hand gel, disposable gloves and aprons. The provider checked the use of this equipment on spot checks and we noted throughout the inspection that staff were using these.
- Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of acquiring an infection.

Learning lessons when things go wrong

- The registered manager reviewed all safeguarding reports to identify lessons and improvements to people's care.
- Incidents were logged and included details of the type of incident, who was involved and any actions taken.
- Where accidents and incidents happened, the registered manager reviewed them to identify any trends or if there were any changes needed.

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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support might not always achieve good outcomes as staff did not always receive up to date support and training. As actions were either implemented during or straight after the inspection to address this shortfall we were unable to judge the effectiveness of these new arrangements during this inspection, which is reflected in the rating of this key question.

Staff support: induction, training, skills and experience

- Staff's training was not always up to date to ensure their knowledge and skills remained current. The provider had not had a trainer in post for a six-month period. This meant that much of the staff's training was out of date. The deputy manager had recently taken on the training role and was in the process of booking in training both mandatory training and specialist training to rectify this, but it would take some time for staff to catch up with missed training. Staff could however sought support through team meetings and the registered managers open-door policy.
- Staff supervisions were not regular or in line with the providers policy and some of the ones we did look at covered very little. Staff however did feel they were well supported and that they would go to the management team with anything they needed to. The registered manager sent us a plan following inspection to show that supervisions were now being arranged, however we could not yet see evidence of these being regular and therefore improvements needed to be embedded and sustained.
- New staff completed an induction based on the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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 when this is in their best interests and legally authorised under the MCA.

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 conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- One person was being deprived of their liberty under a DoLS and had restrictions placed on them to keep them safe. We found some of their support arrangements could be overly restrictive and changes were being made to avoid unnecessary restrictions. We noted that all other people with a DoLS in place were being supported in the least restricted way possible.
 - When people's mental capacity to make decisions about their care was questioned mental capacity assessments and -a best interest's decisions had been made and documented.
- Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's care needs were assessed and comprehensive care plans were in place which were individual to the person.
 - Staff told us care plans contained the information they needed to support people according to their needs and preferences, contained clear instructions and reflected best practice guidance.
 - People and their relatives told us they felt they received effective care.
 - One relative told us, "I think the care is effective. [Loved one] has to be risk assessed for some things because of [Loved one's] condition but is always clean, and their room is always clean. The food is excellent and there's snacks and drinks available between meals in the lounges and dining room if you want it."

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

- We observed staff supported people with eating at mealtimes if required.
- People were given choices of meals and if someone had a specific dietary requirement this was catered for.
- One person told us, "I sometimes eat in the dining room or in my bedroom I please myself. The food is very good. I've cleared my plate so that says it all."
- If people were at risk of poor nutrition their care plan documented their needs and choices around food and drink, and appropriate records were kept to check their intake.
- There were hydration and snack stations throughout the home.

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

- The service worked closely with other agencies to maximise the support people received.
- The registered manager told us they worked in partnership with district nurses, pharmacies, GPs and social workers to meet people's needs, we saw evidence of this in peoples care files.
- We noted in people's care files that there was effective joint working and communication with other agencies to meet people's individual needs.

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

- The service is a purpose-built building in a residential area.
- People's rooms were personalised, and they were able to have them decorated to their taste. People had their photo on the door and personal belongings and family photos in their rooms.
- The home had been adapted with specialist equipment to cater for people's needs, such as, specialist bath/shower rooms. Doorways and hall areas were wide enough to cater for wheelchairs. Décor was used to support people who may be living with dementia to distinguish different areas of the home?.

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

- People were supported by staff who knew them and their healthcare needs.
- People were supported to attend healthcare appointments where required.
- Staff were provided with information about people's medical conditions and how they may impact on the person so they could support them effectively.

- The registered manager sought and acted on guidance from other professionals such as speech and language therapists. There were folders with specific guidance for staff to follow such as for people who needed a soft or pureed diet.

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People, relatives and staff we spoke with told us that the staff who cared for people were kind and caring.
- One person told us, "The care is excellent, I get on well with the staff. I can't think of any way they could improve. Whatever you want they'll do it for you, they always go the extra mile. I wanted to play the harmonica, before I knew it they'd gone and bought me one."
- People had developed caring and meaningful relationships with staff. We observed staff and management being very kind, caring and warm with the people they were supporting. One relative told us, "I can't fault anything at all about the care. [Loved one] is very happy here and is always telling me each time I visit how nice the staff are, I can't think of any way they can improve."
- People's individual needs, preferences and beliefs were respected by the service and any specific requirements were catered for where possible, such as creating a multi faith prayer room for people to use. One person requested care staff of a certain ethnicity, this was catered for.
- The registered manager had introduced 'ambassadors', there were several people who became ambassadors in areas that interested them such as Health and Safety. This person had previously been in a role that gave them experience in this area. Other ambassadors included interviewing staff, tuck shop and a resident's ambassador who spoke up for other residents. This made people feel valued and have a sense of purpose.

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

- People were actively involved in their care and support decisions and their relatives where this was appropriate.
- The provider ensured people and their families could feedback regarding the service in a number of ways to gather people's views on the service provided. This included face to face with an open-door policy, through residents and relatives meetings and in a suggestions box which people, relatives and visitors could anonymously add to.
- The provider had acted on feedback to improve the service and to meet people's needs. Changes included were to the menu and activities.

Respecting and promoting people's privacy, dignity and independence:

- We observed staff interacting with people in a caring way while maintaining their privacy and dignity such as when moving a person with a hoist. The staff were warm and explained what they were doing which

involved touching the persons arm for reassurance. Staff would knock on people's doors before entering.

- Staff we spoke with told us how they promoted people's independence and respected their privacy and dignity. One staff member told us, "I always ask if a person would like to do things for themselves such as wash their face, I never assume they just want me to do it all."
- We observed staff treating people with dignity and respect and encouraging them to be as independent as possible such as at mealtimes.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Staff planned care and support in partnership with people and where appropriate their relatives.
- People's needs were captured in comprehensive care plans which contained detailed information about how they wished to receive care and support.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which are age, disability, gender, marital status, race, religion and sexual orientation. For example, people were supported to attend religious services. All people supported by the service were respected and there was no evidence of any discrimination in the service.
- The provider held cultural days where food from a chosen culture were made. This was for people and staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard. The provider gave information in a format that people could understand, such as documents and information in a larger font.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had activities co-ordinators who supported and encouraged people to join in activities. These were different on each floor depending on people's specific needs and interests and included arts and crafts, chair exercise, and knitting. One member of staff ran an art therapy group which was popular.
- 1-1 activities were available for people unable to or not wanting to join in.
- The registered manager arranged for visits from external activity projects to come in such as 'animal petting'. People could also go out on day trips such as to a garden centre, airport or to the pub.
- Event days were also held for Valentines day, Christmas and Easter as well as to celebrate birthdays. One day was arranged for a member of staff to do a charity event. People and relatives were involved, and the day was made special with food and 'mocktails'. One relative told us, "[Loved one] loves joining in with the activities. It makes life interesting, fuller. They do review his care plan and we are invited to be part of that but mostly it's all on a day by day basis if something needs changing - it's changed."

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, respond to, follow up and close complaints.
- We saw that the registered manager had responded appropriately and in line with their policy to complaints. One person had complained about lack of staff. The provider recruited an extra member of staff for that floor following the complaint.
- People and relatives told us they were aware they could complain. One person told us, "I have no complaints whatsoever. I think it's a really good place and I'm lucky to be here." One relative told us, "We've never had to complain formally for a long time. If you've got a niggle they [management] do sort it out very quickly."

End of life care and support

- Where the provider had supported people at the end of their life, they worked closely with the person's GP and specialist palliative care teams to make sure people were kept comfortable, dignified and pain-free.
- People's families were given emotional support during and after their loved one's final days. The deputy manager had introduced a bag for relatives with contents such as puzzle books, phone chargers, note books, toothbrushes and toiletries for when they did not wish to leave.
- The deputy manager created a memorial book for relatives following their loved ones passing. This had messages from all staff about their loved one and included a poem. One person wrote in a thank you card, "A very big thank you for [Loved one's] memory book. What a kind and thoughtful gift to do for me. I will treasure it forever. You are special people and I will miss you all."
- The provider held memorial services at Christmas. Relatives were invited, and a minister was present for people of faith. A Christmas tree was decorated with individual heart decorations for each person. Poems were read, and people were remembered and celebrated.

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.

At the last inspection this key question was rated outstanding. At this inspection this key question has deteriorated to good.

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

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

- People, relatives and staff consistently told us the service was well-led. There was a warm and 'family' like culture within the service with a clear drive to provide high quality care. One staff member told us, "They [management] are so good, I'm well supported and ask for anything I need." One relative told us, "I'd like to think all homes treated people like here."
- There was a governance system in place to ensure there was appropriate oversight of the service to identify improvements needed. This registered manager was aware training and supervisions required improvement and plans were in place to address these shortfalls. The registered manager had an open-door policy so staff could seek support which meant the impact of these shortfalls were minimal. The manager was aware of these shortfalls and was taking action to improve these.

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 manager was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong.
- The registered manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

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

- The provider had systems and processes in place to monitor the quality of the service.
- There were regular quality checks on care files, care logs, medicines records, staff files and other records.
- Spot checks and competency checks were carried out on staff to monitor the quality of the care being given.

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

- In addition to day-to-day contact with people who used the service, quality assurance surveys were given to people and relatives to gain feedback to improve the service.

- Residents and relatives' meetings were held so people who use the service could discuss and request changes. One relative told us, "I think it's a very good home and the manager and the deputy manager are really making a difference. We have relatives' meetings to discuss what's going on. They wanted to put carpets down in the end room and we said no we thought it should be wipe clean floors and that's what they did so I think they do take notice of us. They [management team] are both always around the home and always checking to make sure we're okay with things. Yes, it's a good home, I'd recommend it to others."
- The service encouraged links with the community. People came from youth projects to gain work experience or to help and spend time with people.
- Staff had the opportunity to share their opinions on the service in team meetings and with the managers 'open door' policy. We observed a very open culture within the staff team and the registered manager. One staff member told us, "[registered managers name] is great, she is really good at recognising people's strengths and additional skills. I study once a week thanks to her."
- The registered manager gave out staff awards to celebrate great work, these were nominated by people and relatives.

Continuous learning and improving care

- The management team had a service improvement plan.
- Actions in the plan came from audits, quality assurance processes and feedback.
- Open actions had a target completion date and identified the staff member responsible for them. We noted this system had been effective in driving some improvements. However, these did not include the improvements needed

Working in partnership with others

- The provider worked in partnership with the local authority and other agencies such as community nurses, specialist palliative nurses, GPs, pharmacies and specialist healthcare providers such as dieticians.