

Lavender Support Services Limited

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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

This inspection took place on 24 and 26 January 2017 and was announced.

Lavender Support Services limited provides personal care to people who live in their own homes in order for them to maintain their independence.

At the time of our inspection the provider confirmed they were providing personal care to 45 people.

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

Staff had a good understanding of the different types of abuse and the safeguarding procedures that should be followed to report abuse. Staff were confident that the right action would be taken should they report any abuse within the service.

Risk assessments were in place to support people and staff to reduce the risks that may be present within various areas of people's lives. They enabled people to be as independent as possible.

Staffing levels were adequate to meet people's current needs. People told us that staff arrived on time and did not miss any calls.

The staff recruitment procedures that were in place ensured that appropriate pre-employment checks were carried out. This ensured only suitable staff worked at the service and people were supported safely.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Training was provided for the specific needs of the people being supported, and staff felt that they were suitably trained to support a variety of needs.

People told us that their medicines were administered safely and on time. The medication records we looked at were completed accurately and were regularly audited.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions so that they could discuss their work and set targets.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this when

required. People were supported to access health appointments when necessary, and the service was able to make referrals to various health professionals to support people's needs.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People and their relatives were happy that they were able to develop positive relationships with the staff that came in to their homes.

People felt involved in their own care planning and were able to contribute to the way in which they were supported. People's views were recorded at reviews and updated accordingly.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed. Detailed and thorough audits took place regularly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

Lavender Support Services Ltd

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

This inspection took place on 24 and 26 January 2017 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with five people who used the service, two relatives of people that used the service, five support workers, the registered manager, the training officer and the deputy manager. We reviewed five people's care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe when being supported by staff. One person said, "I feel safe, I have really never been worried about anything when they are here." A relative told us, "They care for [Person's name] safely. We wouldn't have used them for so long if I thought they were unsafe." All of the people we spoke with told us they felt safe when receiving care from the service.

All the staff we spoke with had a good understanding of safeguarding, the signs of abuse, and how to report it. One staff member told us, "I haven't ever had to report any safeguarding concerns, but if I did then I know how, we have had the training. I would speak to management or the Care Quality Commission (CQC) and record everything in detail." Staff also had a good understanding of whistleblowing procedures and we saw that training had been completed in these areas. The registered manager was aware of the requirement to notify CQC about incidents as required.

Risk assessments were created to address any areas of risk within a person's life. In areas of a person's care plan, if a risk was described, an assessment of the risk was then created. We saw risk assessments on moving and handling, mobility, falls, medication, skin integrity and more. Potential risks were recorded and assessed in sections looking at the likelihood, consequence and outcomes of risk. Control measures were detailed to explain how the risks would be minimised. We saw that each person's file contained a tracker sheet to make sure that risk assessments were regularly reviewed and updated as required. All the people and staff we spoke with were happy that the risk assessments were clear, appropriate, and relevant to people's needs.

Safe recruitment practices were followed. The staff we spoke with told us that they had undergone a full Disclosure and Barring Service (DBS) check. We saw that the service maintained a record of all staff members DBS checks. We looked at staff recruitment files and found application forms, a record of a formal interview, two valid references and personal identity checks.

The service had employed enough staff to cover the shifts that were required. One person told us, "The staff are consistent, I have the same person visit me." Another person said, "I see regular staff, who arrive on time and have not ever missed any of my visits." One staff member said, "We are mostly all put in teams and we have our regular visits to make. We cover any shifts with other team members." We saw staff rotas which showed that each staff member had their planned calls listed. The rotas showed that staff attended to the same people for the majority of their visits, which meant people had consistency of staff. The rotas demonstrated that staffing levels were planned and sufficient to meet people's needs. They also gave staff time between calls to get from one place to the next.

Medication was administered safely. One person told us, "Yes the staff help with my meds, I need a bit of support with it all and they are very good." Staff told us there was a mix of needs within the people they supported, some were able to administer their own medication and some were not. Staff were given training set across three levels, firstly was general prompting, secondly was where carers can prepare medication from the boxes they came in, and lastly is more specialised administration such as Percutaneous

endoscopic gastrostomy (PEG) feeds where the staff are given further training by qualified health professionals. We saw records that showed staff had received training in these areas. Medication Administration Records were kept which showed the type, route and dosage of medication. The type of medication was recorded using a coding system which referred back to a detailed list of all the people's medication and what they were used for. We saw that all staff had undergone medication training and competency checks to monitor the quality and safety of medication administration.

Is the service effective?

Our findings

The staff had the skills and knowledge to support people with a wide range of needs effectively. One person told us, "I think the staff understand me well. I think they are well trained and know what to do." A relative we spoke with told us, "We are very satisfied with the staff and their competence." All the staff we spoke with were confident that the training and guidance they received enabled them to work effectively with people.

Staff went through an induction training package before starting work at the service. One staff member said, "I had to complete lots of training and then go out with experienced staff to get to know the clients and the routines." The registered manager told us that all staff would take part in several weeks of training and shadowing sessions, as well as having a three month probationary period. We saw that the service had an in house trainer that worked closely with new staff in preparing them for the role. Many of the courses were led by the in house trainer, and some were completed online. The service had a training suite above the office which gave staff and the trainer a dedicated space to work and included a bed and hoist to complete manual handling training with some practical exercises. We saw that staff who were supporting people with specialist needs were able to complete training in those areas to enable them to support people more effectively. All the staff we spoke with told us they felt the training the service provided them was very good and tailored to the needs of the people they were supporting. We saw that all new staff were put on to the care certificate, and all mandatory training was kept track of using a training matrix.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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. In domiciliary care settings this is under the Court of Protection. The staff we spoke with all had an understanding of MCA and the Deprivation of Liberty Safeguards (DoLS).

Staff members received supervision from more senior staff. One staff member said, "Yes I have supervisions as well as spot checks. They are regular enough for me to feel supported. I know I can go in to the office and talk to someone at any point as well." All the staff we spoke with confirmed that they were given the opportunity to talk about their work and review progress. We saw records of these supervisions and spot checks and that various topics had been discussed.

Staff gained consent from people before carrying out any care tasks. One person told us, "The staff talk to me before doing anything." One relative said, "I am always here when the carers are here and I know that they talk to [Person's name] a lot and explain things." We saw that people had consent forms within their files which they had signed, or a family member had signed on their behalf if they were not able.

People were supported to maintain a healthy and balanced diet. One person said, "The staff help me with my breakfast. They do things as I like it." One staff member said, "We don't always help people with cooking,

many people have family that do that, but we do help some people prepare food and cook." We saw that people had documentation on dietary needs within their files where necessary, and any medical information on dietary needs was documented.

People were supported to manage their healthcare and gain access to other healthcare professionals as required. We saw that people's health and medical needs were recorded in detail within their files. Some people received live in and 24 hour care due to complex health care needs. These people had detailed care plans and risk assessments for staff to follow, who were all well trained in the relevant areas. We saw that appropriate referrals had been made by staff to health care such as speech and language therapy, occupational therapy, the falls prevention team and various other consultants.

Is the service caring?

Our findings

People told us they were happy with the care they received and that the staff had a caring and kind approach. One person said, "They are marvellous, very caring." Another person said, "The staff are excellent, I trust them and I wouldn't want anyone else." A relative told us, "We have used them for a long time now. They have always been very nice." A staff member said, "I am able to regularly support the same people, which means I have been able to build a good relationship with them and their family members."

Staff were aware of people's individual needs and preferences. One staff member said, "We get to know people really well, and we always record everything, so we can make sure all the staff working with a person knows what they like." All the staff we spoke with were happy that the care plans reflected the needs of the people being supported and helped them understand what care was required. The care plans we saw outlined clearly the care tasks that were required, but also described people as individuals and explained their preferences and routines.

People felt involved in their own care planning. One person said, "Yes I have had reviews of my care with the manager and I have been asked to feedback regularly." A relative of a person said, "I think we are as involved as we want to be. Everything is directed by us. We change visits if we need to, we are listened to." All the staff we spoke with felt that they were led by the people they were supporting, and always involved people as much as possible in their own care through asking questions, reviewing care, and recording any changes. We saw that regular reviews of people's care had taken place and recording systems were in place to document progress, changes, and involvement of people in their care.

People told us they felt their privacy and dignity was being respected by staff. One person said, "I have visits twice a day and that is just for personal care. I do everything else myself. I think the staff that come in and support me are very considerate of my privacy and dignity and respect my independence as well." One relative of a person said, "Yes, the staff are very respectful towards [Person's name] and myself as well." All the staff we spoke with felt they understood the importance of respecting a person's privacy and dignity. They also said that they regularly worked alongside other staff and that the whole team worked to a high standard in this area. We saw that care plans contained information that staff should follow to maintain privacy and dignity at all times.

People were supported to be as independent as possible. All the people we spoke with told us that staff encouraged them to do things for themselves where possible. We saw that care plans were written in a way that made it clear to staff what was required of them, and what a person could do for themselves.

We were told that advocacy services were available should people require them. At the time of our inspection, no one was using the services of an advocate.

Is the service responsive?

Our findings

People's needs were assessed before receiving care from the service, and then reviewed and updated regularly. All the people we spoke with told us that an initial assessment had taken place. A relative we spoke with said, "They came out and discussed all the care that we needed, and did all the paperwork." We saw paperwork within people's files that showed pre assessments had taken place, as well as an initial environmental risk assessment so that the staff were safe entering the person's home.

The care that people received was personalised to their needs. One person told us, "I can't fault them, if I ask them for anything, then they will do it for me. They are very aware of what I like and what I don't." We looked at care files which included information that was specific and centred around the person, their likes, dislikes and preferences. We saw a section within people's care plans that detailed people's personal history, relationships that were of importance to them, preferred communication, preferred routines and other information that allowed staff to understand them as an individual.

The information within people's care plans and risk assessments was regularly reviewed and updated as required. People told us that they had reviews with senior staff members who would check over their care with them and make any necessary changes. We saw that each care plan and assessment had an updated tracker sheet which stated when it was last reviewed, and when it was due to be looked at again.

People were supported to maintain the relationships that were important to them. One relative told us, "They are here for [person's name] and they are respectful of me as well. They understand that there are many things that I do for [person's name] which they don't need to." All the staff we spoke with were mindful of the fact that they were going into people's homes and needed to develop relationships with various family members as well as the people themselves.

People were given the time they needed to receive care in a person centred manner which was not rushed. One person told us, "The staff always stay for the right amount of time, they don't go off early or rush. I have always got what I needed and been able to have a chat as well." We saw that the staff were visiting people for a minimum of thirty minutes, and that suitable time was given to staff to make sure they could comfortably carry out the required care without rushing.

People care was planned appropriately and received as and when required. All the people and relatives we spoke with were satisfied that the calls were made at the right time of day and for the right length of time. People told us they were able to reasonably adjust their care visits if and when required. We saw that people were signing to confirm that their visits had taken place and what time the staff had been with them. The registered manager told us that the service would soon be implementing an electronic system that enabled staff to log in and out of calls. It would also alert the management if any staff member was not able to make it to a care visit and therefore avoid any missed calls.

People knew how to share their concerns and complaints. All the people we spoke with told us that they had not had to make any complaints, but were aware of the formal complaints procedure. The registered

manager showed us that the service had a complaints policy and procedure for dealing with complaints effectively. We saw that actions and responses could be created and carried out for any complaints made.

Is the service well-led?

Our findings

People we spoke with knew who the registered manager was and felt that she was easily contactable, organised and approachable. One person said, "Yes I know the manager. I don't often have need to, but I know I can contact the office if I need to." One staff member told us, "I think the management team are all very good. I'd only work for someone that I believe in." Another staff member said, "I am well supported. The team is well organised and I know who to go to for help." During our inspection, we saw that the office had a welcoming atmosphere and that staff were able to come in and out and speak with someone as they required. Our conversations with the registered manager showed us that she was very knowledgeable about both the individual needs of the people receiving support, and the strengths and skills within the staff team. The registered manager was also able to point out areas in which she hoped to continue to improve the service, including making communication with the senior and office team more effective.

We saw the service had a structure which included directors, a registered manager who was also a director, a deputy manager, training officer, assessment care coordinator, administration staff, team leaders, senior carers and carers. All the staff we spoke with were aware of the visions and values of the service and felt positive about working there.

Incidents and accidents were reported accurately by staff. We saw forms that showed detailed recording and included a description of any incident, or injuries sustained, medical attention required and action to be taken. The registered manager was aware of their responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

We saw that the service encouraged open communication with all the staff team and monitored the staff members progress and welfare. The registered manager used a monthly newsletter to update all staff members about the service. We saw that the training officer was involved in monitoring staff welfare. This enabled positive relationships to be maintained between management and staff around sickness levels and general welfare of staff.

Staff knew what was expected of them and were confident in their roles. Team meetings were held in various formats for various groups of staff. We saw that meetings were often held with specific staff teams that worked with the same people. This meant the discussions that took place could be more centred on the people that were being supported, as well as addressing any issues that the staff in that team may have had. We saw minutes of meetings to show that they had been taking place.

We saw that quality control had been implemented. The registered manager maintained detailed audits across the entire service and was able to oversee what other senior staff were auditing. We saw that audit results were collated and analysed by the registered manager who was able to feedback to the staff team on any areas of improvement that were needed. We saw that feedback questionnaires were sent out to people using the service. These questions that were asked by the service were similar to the key questions that the Care Quality Commission (CQC) use with providers of services. This enabled the service to gather relevant

and constructive feedback to support their own service improvement, in line with the expectations of the CQC.