

Hornby Healthcare Ltd

Lavender Court

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	

Overall summary

We inspected Lavender Court on 2 and 21 January 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Lavender Court is a modern purpose built single storey facility. The home provides care and accommodation for up to 18 older people. The home supports people who may be living with a dementia or experience memory loss. It has car parking to the front and enclosed gardens to the rear. It is close to the local facilities and bus routes.

The home had a registered manager in place and they have been in post for over five years. 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 received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training but were

Summary of findings

unclear about the requirements of the Act. We found that there was no information to show whether relatives had become Court of Protection approved deputies, or if they had enacted power of attorney for care and welfare or finance or if they were appointees for the person's finances. No records were in place to show that staff completed capacity assessments where appropriate and made 'best interest' decisions. We found that some people had difficulty making decisions; were under constant supervision; and prevented from going anywhere on their own. Staff did not know whether people were subject to DoLS authorisations, which are needed if people lack capacity to make decisions and these types of restrictions are made.

We found that the registered manager was being guided by the supervisory body and was waiting DoLS authorisations to be approved. The registered manager felt the guidance from the supervisory body instructed them to complete DoLS applications for all of the people who used the service, irrespective of whether the person lacked the capacity to make a decision. This was an incorrect interpretation of the MCA and DoLS authorisations can only be made for people who have a mental disorder, which has led to them being unable to make decisions about the care and treatment they receive. The registered manager recognised that further action was needed to ensure the staff understood how to apply the requirements of the MCA.

People we spoke with told us they felt safe in the home and the staff made sure they were kept safe. We saw there were systems and processes in place to protect people from the risk of harm.

People told us that the staff worked with them and supported them to continue to lead fulfilling lifestyles. We saw where people were living with dementia, staff matched their behaviour to people's lived histories (the time of the person's life they best recall) and this enabled individuals to retain skills and work to their full potential.

People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. Four care staff were on duty during the day and two staff were on duty overnight. We found information about people's needs had been used to determine how many staff were needed to support them.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained comprehensive and detailed information about how each person should be supported. We found that risk assessments were very detailed. They contained person specific actions to reduce or prevent the highlighted risk.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff had received a wide range of training, which covered mandatory courses such as fire safety as well as condition specific training such as dementia and Parkinson's disease. We found that the registered manager not only ensured staff received refresher training on all training on an annual basis but routinely checked that staff understood how to put this training into practice. Each month the manager questioned staff about different aspects of the courses and when staff struggled to find the correct answer they ensured staff received additional training.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. A designated infection control champion was in post and we found that all relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed.

Summary of findings

We saw that the provider had a system in place for dealing with people's concerns and complaints. The registered manager had ensured people were supported to access independent advocates when needed. People we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

Regular surveys, resident and relative meetings were held and the registered manager also conducted a weekly surgery so people could drop in and speak with them. We found that the analysis of the surveys showed the majority of people believed the home delivered an outstanding service and this view was echoed in our discussions with people during the visit.

The provider had developed a range of systems to monitor and improve the quality of the service provided. We saw that the registered manager had implemented these and used them to critically review the service. This had led to the systems being extremely effective and the service being well-led.

We found the provider was breaching one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to adhering to the requirements of the MCA. You can see what action we took at the back of the full version of this report.

Summary of findings

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.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the registered manager.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

The service was effective but improvements were needed.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through training.

People's needs were assessed and care plans were produced identifying how to support needed to be provided. These plans were tailored to meet each individual's requirements and were reviewed on a regular basis.

Staff needed to improve their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how to apply the legislation.

People were provided with a choice of nutritious food, which they choose at weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

Requires Improvement



Is the service caring?

This service was caring.

People told us that staff were extremely supportive and had their best interests at heart. We saw that the staff were very caring, discreet and sensitively supported people.

Throughout the visit, staff were constantly engaging people in conversations and these were tailored to individual's preferences.

People were treated with respect and their independence, privacy and dignity were promoted. People actively made decisions about their care. The staff were knowledgeable about people's support needs.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's needs were carefully assessed and care plans were produced, which identified how to meet each person's needs. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis. The staff and registered manager were extremely knowledgeable about each individual's needs and rapidly identified any changes.

We saw people were encouraged and supported to take part in activities and routinely went on outings to the local community.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be thoroughly looked into and reviewed in a timely way.

Is the service well-led?

The service was well led.

The registered manager was extremely effective at ensuring staff delivered services, which met people's needs. We found that this manager was very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found their registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were very effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the home had an open, inclusive and positive culture.

Good



Lavender Court

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 checked 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.

An adult social care inspector completed this unannounced inspection of Lavender Court on 2 and 21 January 2015. Before the inspection we reviewed all the information we held about the home.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed all the information we held about the home.

During the inspection we met and spoke with seven people who used the service and three relatives. We also spoke with the registered manager, two senior care staff, three care staff and the housekeeper.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at seven people's care records, five recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the home including (with people's permission) bedrooms, bathrooms and the communal areas.

Is the service safe?

Our findings

We asked people who used the service what they thought about the home and staff. People told us that they felt the home provided a very good service and felt it met their needs. People told us that they felt safe and were well supported. Relatives told us that they thought the staff provided care that was tailored to people's needs and kept individuals safe.

People said, "The staff are lovely and really kind." And, "I think I picked wisely when I chose to live here." And, "I feel my relative is well looked after, don't worry about them and have peace of mind that they will be okay when I leave."

The staff we spoke with all were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns. Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all the staff had completed safeguarding training in 2014. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had safeguarding and whistleblowing policies, which were reviewed on an annual basis.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incident including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents. Staff outlined how they recorded incidents and accidents and each day ensured the registered manager was made aware of them. Staff also demonstrated their awareness of the trend analysis of incidents within the service. We found that a qualified first aider was on duty throughout the 24 hour period.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get

themselves out of a building unaided during an emergency. We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment.

We reviewed seven people's care records and saw that staff had assessed risks to each person's safety and records of these assessments had been regularly reviewed. Individual risk assessment plans were included in care plans for people where appropriate. These included falls risk assessments. For example staff had noted that one person was having an increasing number of falls recently which had led to staff reviewing the care plan, updating it and contacting the Falls Team who had subsequently been involved in planning the care for this person

The five staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference. A Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults, were carried out before staff started work at the home.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was case. Four care staff were on duty during the day and two staff on duty overnight. We saw that there were sufficient staff to provide catering and domestic cover. We found information about people's needs had been used to determine how many staff were needed to support them. The registered manager told us that if people's needs changed and more support was needed the number of staff would be increased straight away. The rotas we reviewed showed there was this flexibility in staffing complement.

We spoke with the housekeeper who told us they were able to get all the equipment they needed and we saw they had access to all the necessary COSHH information. COSHH details what is contained in cleaning products and how to use them safely.

We found that there were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We

Is the service safe?

checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. Arrangements were in place for the safe and secure storage of people's medicines.

Senior staff were responsible for the administration of medicines to people who used the service and had been trained to safely undertake this task. We spoke with people who told us that they got their medicines when they needed them.

We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocol for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

Is the service effective?

Our findings

The staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. However, staff were very unclear about what action they needed to take to ensure the requirements of the MCA were followed. Staff could not tell us whether anyone at the home was subject to a Deprivation of Liberty Safeguard (DoLS) authorisation. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

The registered manager told us that no DoLS authorisations were in place but they were working with the local authority to ensure that they were obtained for all the people who used the service. It was unclear why everyone would need a DoLS authorisation as a number of people we spoke with did not have a mental disorder and could make decisions about the care they received. The provider and registered manager explained that at a recent meeting with the local authority they had been told these were needed if they used keypads. They were unaware that people who had capacity could be asked to agree to this restriction and were free to go out if they wanted. We explained that the MCA requires that it is presumed that people have the capacity to make decisions and can make unwise choices.

We saw that DNACPR forms were in place for nine people and the form recorded that these people lacked the capacity to make decisions. No capacity assessments had been undertaken and no 'best interest' decisions were recorded for this plan. DNACPR should only be in place when people are at imminent risk of cardiac failure and it is unlikely that they would successfully be revived. Staff were unaware that if people had previously decided that they did not want life preserving treatment this should be recorded on an advanced directive not a DNACPR.

We also found that staff imposed restrictions on some people's lives such as not letting them go out independently because their family asked them to do this. Staff did not recognise that without the appropriate authorisations in place this type of supervision was not

lawful. The registered manager was aware that they and the staff needed more support to fully understand the principles of the MCA and how to make 'best interest' decisions.

This was a breach of Regulation 18 (Consent), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with people who used the service who told us they had confidence in the staff's abilities to provide good care and believed that the home delivered an excellent service.

People said, "The staff go above and beyond their duty to make sure we are alright. I can't praise them highly enough." And, "The girls are wonderful, very helpful and very kind indeed." And, "My relative loves it here. The staff are always making sure everyone is okay."

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. They told us that they completed mandatory training and condition specific training such as working with people who Parkinson's disease and diabetes. Staff told us their training was up to date, which we confirmed from our review of records. This included: fire, nutrition, infection control, first aid, medicines administration, and food hygiene. We also found that the provider completed regular refresher training for these courses.

We found that the majority of the staff had worked at Lavender Court for over three years but saw that staff had completed an induction when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff.

Staff we spoke with during the inspection told us the registered manager was extremely supportive and they had routinely received supervision sessions, which they found were informative and helpful. The registered manager told us that they carried out supervision with all staff on a bi-monthly basis. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Records to confirm that supervision had taken place. We found that all of the staff had an annual appraisal.

Is the service effective?

We observed the care and support given to people over lunch. We observed that people received appropriate assistance to eat. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. During the meal the atmosphere was calm and staff were alert to people who became distracted or dozed off and were not eating.

People were offered choices in the meal and staff knew people's personal likes and dislikes. The quality of the food looked good. All the people we observed enjoyed eating the food and very little was left on plates.

People also had the opportunity to eat at other times. We observed people having their breakfast later in the morning and then a member of staff putting some sandwiches aside at lunchtime for people who were not hungry and one person who told us they preferred to eat later.

Staff maintained accurate records of food and fluid intake and were seen to update these regularly. The registered manager informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case. Staff confirmed this was the case and told us about instances when they had asked the GP to refer people to a dietician.

People said, "The meals are excellent." Another person said, "The cook is wonderful and the food is always lovely."

Is the service caring?

Our findings

All the people we spoke with said they were extremely happy with the care and support provided at the home. People discussed at length their views on the service and how they thought the care being received was outstanding.

People said, “The staff are wonderful.” “I have no concerns as the girls are brilliant.” And, “They are very kind and will do anything they possibly can for you.”

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with great passion about their desire to deliver high quality support for people and were extremely empathetic. We found the staff were warm, friendly and dedicated to delivering good, supportive care.

The registered manager and staff that we spoke with showed genuine concern for people’s wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoy humorous interactions. From our discussions with people and observations we found that there was a very relaxed atmosphere. We saw that staff gave explanations in a way that people easily understood.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. Staff said, ‘I always try and make sure we treat people with respect’.

And, ‘We always make sure people’s privacy is maintained when we attend to their personal care.’ We saw that staff knocked on people’s bedroom doors and waited to be invited in before opening the door. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people.

People were seen to be given opportunities to make decisions and choices during the day, for example, what to eat, or where to sit in the lounge. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff told us that they checked the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people.

We found that the registered manager reviewed current guidance around supporting people living with dementia and took action to ensure staff used it. The registered manager critically evaluated the success of any changes and could show us how the environment met the needs of the people living with dementia. We saw that the décor and environment had created a place where people were relaxed and those who people who were living with dementia could follow signage and visual prompts, which made them able to independently use the facilities.

The environment was well-designed and supported people's privacy and dignity. All bedrooms were personalised. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people.

Is the service responsive?

Our findings

People also told us that they were involved in activities both inside and outside the home. We heard about the quizzes and board games they participated in and how they went to the local shops and out for meals. People said, “The staff make sure we get to do the things we want to do.”

NICE guidelines NICE guidance in relation to dementia care and activities were followed. These state ‘It is important that people with dementia can take part in leisure activities during their day that are meaningful to them. People have different interests and preferences about how they wish to spend their time. People with dementia are no exception but increasingly need the support of others to participate. Understanding this and how to enable people with dementia to take part in leisure activities can help maintain and improve quality of life’ (Quality Standard 30 - quality statement 4).

During the inspection we spoke with staff who were extremely knowledgeable about the care and support that people received. We found that the staff made sure the home worked to meet the individual needs and goals of each person. We saw records to confirm that people had health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by their clinicians and when concerns arose, staff made contact with relevant healthcare professionals. For instance one person had been experiencing more falls and the staff had ensured the GP referred them to the falls team.

The registered manager discussed how they had worked with people who used the service to make sure the placement remained suitable. They discussed the action the team took when people’s needs changed to make sure they did everything they could to make sure the service still met people’s needs. For instance some peoples’ conditions meant their ability to mobilise deteriorated over time and they needed more support. The registered manager had increased the staffing levels so the people could continue to be fully supported at the home.

We confirmed that the people who used the service knew how to raise concerns and we saw that the people were confident to tell staff if they were not happy. We saw that the complaints procedure was written in both plain English. We noted that it did suggest that CQC investigated complaints, which is inaccurate so we asked that this was amended. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We saw that no formal complaints had been made in the last 12 months. The registered manager discussed with us the process they were to use for investigating complaints and who in the senior management team they needed to alert. They had a solid understanding of the procedure.

We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. People told us that they when they had raised concerns about the behaviour of other people at the home the registered manager had ensured this was discussed with the person and the problems were resolved.

Is the service well-led?

Our findings

People who used the service and relatives were extremely complimentary about the home. They told us that they thought the home was well run and completely met their needs. People told us that they found that staff listened to their views and were receptive to their suggestions on how to improve the service.

People said, “The manager is really approachable and I think she makes the home. I find that she is always looking at how to make the home better.”

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure the support delivered was completely person centred. We found that the registered manager was constantly looking at improvements that could be made. We found that under their leadership the home had developed and been able to meet people’s care needs.

The staff members we spoke with described how the registered manager constantly looked to improve the service. They discussed how they as a team reflected on what went well and what had not and used this to make positive changes. Staff told us that the registered manager was very supportive and accessible. They found that the manager was a great support and very fair. Staff told us they felt comfortable raising concerns with the manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together.

The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. We found that the registered manager had a detailed knowledge of people’s needs and explained how they continually aimed to provide people with a high quality service.

Staff told us the morale was excellent and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought.

We also saw that regular monthly meetings were held with the people who used the service and relatives. At these meetings people were actively encouraged to look at what could be done better. Also we saw that surveys were completed with every person who used the service. The information from this was analysed and used to look at areas for improvement. The registered manager used this information to create newsletters which were sent to all of the people who used the service and the relatives. We saw that staff had introduced a variety of different social activities in response to the feedback from relatives and people who used the service.

We found that the registered manager clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the provider had very comprehensive systems in place for monitoring the service, which the registered manager fully implemented. They completed monthly audits of all aspects of the service, such as infection control, medication, learning and development for staff. They took these audits seriously and used them to critically review the home. We found the audits routinely identified areas they could improve upon. We found that the manager produced very detailed action plans, which clearly detailed when action had been taken. The provider also completed monthly reviews of the home. This combined to ensure strong governance arrangements were in place.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations
2010 Consent to care and treatment

The provider failed to ensure staff adhered to the requirements of the Mental Capacity Act 2005.