# Hornby Healthcare Limited

# Lavender Court

## Inspection report

4 Beverley Road
Saltersgill
Middlesbrough
Cleveland
TS4 3LQ

Tel: 01642828444

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29 March 2017

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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 28 March 2017 and was unannounced. This meant staff and the registered provider did not know that we would be visiting.

Lavender Court is a bungalow and provides care for up to 18 people. Bedrooms are single in nature and have en suite facilities which consist of a toilet and hand wash basin. There is one large lounge, a small part of which has been sectioned off to create a quieter area for people to sit and a dining room. The service is situated in Saltersgill and is close to shops, pubs, public transport and The James Cook University Hospital. At the time of the inspection 15 people were using the service.

At the last inspection on 2 and 21 January 2015 we rated the service as 'Good' overall but found improvements were required. Staff needed more training around the implementation of the Mental Capacity Act (MCA) 2005. We found the service in breach of regulations 18 (Consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
Following our last inspection the registered provider sent us information, in the form of an action plan, which detailed the action they would take to make improvements at the service.

At this inspection we found that the team had worked collaboratively to ensure all of the previous breaches of regulation were addressed.

People and relatives we spoke with told us they felt the service was safe. Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring.

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. People's medicines were managed safely. There were enough staff deployed to keep people safe. The registered provider's recruitment processes minimised the risk of unsuitable staff being employed.

Staff received mandatory training in a number of areas, which assisted them to support people effectively, and were supported with regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were protected.

People were supported to maintain a healthy diet and to access external professionals to monitor and promote their health.

People and their relatives spoke positively about the staff at the service, describing them as kind and caring. Staff treated people with dignity and respect. Staff knew the people they were supporting well, and throughout our inspection we saw staff having friendly and meaningful conversations with people. People were supported to be as independent as possible and had access to advocacy services where needed.

People and their relatives told us staff at the service provided personalised care. Care plans were person centred and regularly reviewed to ensure they reflected people's current needs and preferences. People were supported to access activities they enjoyed. Procedures were in place to investigate and respond to complaints.

People and staff spoke positively about the registered manager, saying she supported them and included them in the running of the service. The registered manager and registered provider carried out a number of quality assurance checks to monitor and improve standards at the service. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

## 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 remains good

### Is the service effective?

Good

The service was effective.

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

Staff felt supported by the registered manager and staff worked as a team.

People's consent was sought at all times. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard authorisations.

People were provided with a choice of nutritious food.

People's on-going healthcare needs were managed and monitored effectively, working with healthcare professionals in the community.

### Is the service caring?

Good

The service remains good

### Is the service responsive?

Good

The service remains good

### Is the service well-led?

Good

The service remains 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 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.

One adult social care inspector completed this unannounced inspection on 28 March 2017.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Lavender Court. We did not receive any feedback.

During the inspection we spoke with five people who used the service and a relative. We spoke with the registered manager, two senior carers, four care staff, the cook, two domestic staff and two students on placement from Middlesbrough College. We looked at six care plans, medicine administration records (MARs) and handover sheets. We also looked at staff files, which included recruitment records, as well as records relating to the management of the service.

Good

# Is the service safe?

## Our findings

People and relatives we spoke with told us they felt the service was safe. One person told us, "Nothing is ever too much for them [the staff] and they make me feel at home." One relative told us, "The staff are marvellous and look after [name of relative] extremely well. He is always clean and always looks comfortable."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. For example, one person's behaviours put them at risk of harm and the person, staff and external professionals had developed a care plan to help keep them safe. Risk assessments were regularly reviewed to ensure they reflected current risk. Regular checks of the premises and equipment were also carried out to ensure they were safe to use and required maintenance certificates were in place. Accidents and incidents were monitored for any trends, and plans were in place to support people in emergency situations.

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. Staff told us they would be confident to report any concerns they had. We saw records which confirmed that staff had received safeguarding training during 2016. There had not been any safeguarding incidents since our last inspection but the registered manager told us how these would be investigated, including with referrals to relevant agencies. People were included in discussions about safeguarding. One person told us, "We get regular training about recognising sign of abuse and what to do if we do think this is happening. It is very clear and I would not hesitate to report any concerns to the manager."

People's medicines were managed safely. Staff received training to handle medicines, and medicine administration records (MARs) we reviewed were correctly completed with no gaps or anomalies. Medicines were safely and securely stored, and stocks were monitored to ensure people had access to their medicines when they needed them. One person managed their own medicines, and this had been risk assessed.

There were enough staff deployed to keep people safe. There was always a minimum of one senior and four care staff at the service during the day and one senior and a care staff member overnight. One of the staff who was on duty told us that until recently they had worked nightshift and found having two staff on duty was sufficient. They told us that overnight on call arrangements were in place should someone have an accident, which meant additional staff could be called. Staff told us sick leave and holidays were always covered. One member of staff said, "I would certainly say there is always enough staff." We found that staff had practiced drills both during the day and at night to confirm that in the event of fire they could support people to leave the bungalow and go to the fire point.

The registered provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

Good

# Is the service effective?

## Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the inspection in January 2015 we found that the registered manager and staff were unclear about the principles of the Mental Capacity Act 2005. There were assessments about the capacity of individual people to make their own major decisions. However, the registered manager and staff were forming their own opinion of whether a person had capacity or not. The registered manager was not able to describe the steps they had taken in reaching the decision. Best interest decisions were not fully reflected in care plans.

At this inspection we found that the registered manager and staff had attended several MCA and DoLS training courses. They had used this learning to inform the way they worked with people who may lack capacity to make decisions. We saw that new mental capacity assessment forms had been introduced and these ensured staff adhered to the requirements of the MCA. The staff were very clear that even if people had a mental disorder this did not automatically mean they lacked capacity and all the records showed they use all mechanisms to enable individuals make decisions. Staff had used these forms to make decision specific assessments and 'best interest' decisions were clearly recorded. At the time of our inspection four people were subject to a DoLS authorisations and everyone else had capacity to make their own decisions.

Staff received mandatory training in a number of areas to support people effectively. Mandatory training are the courses and updates the registered provider thinks is necessary to support people safely. This included training in areas including health and safety, fire safety, first aid, infection control, moving and handling and food hygiene. Additional training was also provided in areas such as diabetes awareness. The registered manager monitored and planned training on a training chart, and this showed training was either up-to-date or planned. Staff who administered medication had completed recognised safe handling of medication training and underwent regular competency assessments. The registered manager told us that a staff member was in the process of completing a train the trainer course so they could deliver moving and handling training as well as MCA training.

Staff spoke positively about the training they received. They told us about the NVQs they were about to complete. One member of staff told us, "I have only been here a short-time but had lots of training. Also the staff are very good at showing me how to support people."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff said they found these meetings

useful and records confirmed they were encouraged to raise any support needs or issues they had.

People received appropriate assistance to eat in both the dining room and in their own rooms. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. People were offered choices in the meal and staff knew people's personal likes and dislikes. People also had the opportunity to eat between meals.

The cook told us that the registered provider gave them a very ample budget. They explained that the registered manager expected food to be of a high quality. The cook told us their expenditure was never questioned and this freedom had allowed them to ensure the food was made using fresh products and home-cooked. They told us that they worked with the people who used the service and local healthcare professionals to ensure the menus provided healthy choices.

People were supported to access external professionals to monitor and promote their health. Care records contained evidence of the involvement of professionals such as speech and language therapists (SALT), dieticians, GPs and consultant psychiatrists in people's care. For example, one person's communication care plan was developed with the SALT team.

People told us about the professionals involved in their care and relatives said they were kept informed about appointments. One person said, "The staff always keep me right and know when doctors and that are going to visit me and they remind me on."

Good

# Is the service caring?

## Our findings

People and their relatives were complimentary about the support provided by staff at the service, describing them as kind and caring. One person said "Oh it is good here, the staff do care about us a lot." Another person said. "I love it here, the staff are great and I wish I had come in years ago." A relative said, "I can't praise the staff enough the girls are so attentive and kind. They know [relative's name] so well and always make sure he is alright."

Staff treated people with dignity and respect. We saw that staff addressed people by their preferred names and spoke with them in a friendly but professional way at all times. Staff knocked on people's doors and waited for a response before entering their rooms, and took them to quieter areas of the house to discuss private matters. We found the staff were warm and friendly and very respectful. All of the staff talked about the ethos of the service was to make sure the people who used the service were at the centre of the service.

Staff knew the people they were supporting well, and throughout our inspection we saw staff having friendly and meaningful conversations with people. We found that staff took into account people's disabilities and communication needs when chatting. For example, one person at the service used sign language and we saw that one staff member conversed freely with them using sign language. We saw that other staff including the cook had been learning to sigh so they could chat to the person and also one of the people who used the service was learning to sign.

We observed staff routinely using good practice such as getting down to people's level for good eye contact when speaking with them.  Staff were also appropriately affectionate with people and offered reassuring touches when individuals were distressed or needed comfort.

The registered manager and staff 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. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. People were encouraged to remain as independent as possible.

People were supported to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard.

At the time of our inspection no one was receiving end of life care. Care records contained evidence of discussions with people about end of life care so that people could be supported to stay at the service if they wished.

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them. All the bedrooms we went into contained personal items that belonged to the person such as photographs.

Good

# Is the service responsive?

## Our findings

People told us staff at the service provided personalised care and knew what they liked. People we spoke with told us they were very happy at the service and took part in a range of activities. When we visited one person was completing puzzles and quizzes the staff had got for them and others were painting bird boxes. One person said, "I go out when I want and also find there are things to do here."

One person told us that they visited every day and staff not only looked after their relative but also them. They told us that staff let them continue to care for their relative so left them to assist the person to eat, which they greatly appreciated. Also the staff provided them with their dinner and tea each day, as well as drinks throughout the day, which they felt went above what would be expected when using care homes.

During our visit we reviewed the care records of six people. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be. Care plans provided guidance to staff about people's varied needs and how best to support them. For example, one person's care plan discussed their intense religious belief and how to support them to continue to express this in good works and discussions with the staff and people who used the service. We found the care records were well-written. They clearly detailed each person's needs and were very informative.

Care plans were reviewed on a regular basis to ensure they accurately reflected people's current support needs. Daily notes and handovers were used to ensure staff coming onto shift had the latest information on people in order to provide responsive care.

People were supported to access activities they enjoyed. People's interests were outlined in their care plans, and staff supported them to access this either by attending events with people or helping them research ways to enjoy their hobbies. For example, one person enjoyed completing 'word searches' and crosswords. We saw that staff had obtained these for the person and made sure they had access to a variety of these puzzles each day.

Procedures were in place to investigate and respond to complaints. No complaints had been received since our last inspection in January 2015. The complaints policy was displayed in communal areas and resident' meeting minutes confirmed people were regularly asked if they had any complaints. People and their relatives told us they knew how to complain and raise issues.

Good

# Is the service well-led?

## Our findings

People and staff spoke positively about the service and people said they were proud of where they lived. A relative said, "I cannot praise them enough they are marvellous." A member of staff told us, "This is people's home and therefore we come to work for them."

The service had a registered manager. 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. People and staff spoke positively about the registered manager, saying she supported them and included them in the running of the service.

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. Staff told us they had regular meetings and felt able to discuss the operation of the service and make suggestions about how they could improve the service. A member of staff said, "We are involved in making sure the home is working right."

Feedback was sought from people through resident and relative meetings, via newsletters and surveys. Feedback from staff was sought in the same way, through regular staff meetings and an annual survey. The results of the most recent survey in 2016 had been compiled and showed that all of those who responded were happy with the service.

The service 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 and the registered provider continually aimed to provide people with a high quality service.

We found that the registered provider had very comprehensive systems in place for monitoring the service, which the registered manager fully implemented. The registered manager completed monthly audits of all aspects of the service, such as medicine management, 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 registered manager produced action plans, which clearly detailed when action had been taken. The registered provider also completed monthly reviews of the home. This combined to ensure strong governance arrangements were in place.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.