

R & E Kitchen

# Lavender House Care Home

## Inspection report

166 Newtown Road  
Southampton  
Hampshire  
SO19 9HR

Tel: 02380444234

Website: [www.lavenderhouse.org.uk](http://www.lavenderhouse.org.uk)

Date of inspection visit:

11 June 2018

15 June 2018

Date of publication:

25 July 2018

## 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 11 and 15 June 2018 and was unannounced.

Lavender House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

Lavender House Care Home accommodates up to 20 people in one adapted building. The service accommodated older people, some of whom were living with dementia. There were 19 people at the service at the time of inspection. The accommodation is over two floors, each floor is accessible via stairs or a stairlift.

The service was rated Requires Improvement at its last inspection in February 2017 and had breached one regulation in relation to not submitting notifications to CQC as required. Following the last inspection, we asked the provider to complete an action plan to show what they would do to meet the breach and improve the key questions of Well Led to at least Good. At this inspection, we found that the provider had made sustained improvements by ensuring that they had systems in place to ensure that all relevant notifications were sent to CQC in a timely manner.

The service had a registered manager in place at the time of our inspection. 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.

The registered manager had an effective overview of the service and monitored the quality and safety of the service using a range of audits and checks. They were familiar with people's needs and understood the challenges staff faced in providing effective care.

The provider had made links with healthcare services to take part in a scheme designed to promote the health and wellbeing of people living in care home settings. Staff had received training to take observations of people's vital signs which healthcare professionals could use to make informed judgements about appropriate treatment plans.

The registered manager had established effective working relationships with a range of stakeholders included professionals and members of the community to provide resources, support and meaningful activities for people.

People and relatives told us staff were very caring and accommodating to their needs. People were treated with dignity and respect and staff were encouraged to spend quality time with people, offering comfort and reassurance where required.

People received personalised care and told us they were involved in making decisions about their care. People were encouraged to remain independent by carrying out domestic routines which they were familiar with and enjoyed. People's needs were assessed to ensure that they had appropriate levels of care in place and that the service could meet their needs.

People were supported to take their medicines as prescribed and the provider had safe and effective systems in place to manage the ordering, storage, administration and disposal of medicines. People's nutritional needs and preferences were met by staff who were flexible and patient in their approach when supporting people at mealtimes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Risks associated with people's health were assessed, monitored and mitigated. Where appropriate, the registered manager made referrals to other professionals to ensure people received timely care and treatment.

There were systems in place to help protect people from abuse and harm. There were systems in place to report concerns about people's wellbeing and minimise the risk of harm.

There were systems in place to ensure that people's complaints were handled appropriately. The registered manager sought feedback from people, relatives, professionals and staff about how to make improvements to the service. The registered manager demonstrated that they could learn from feedback to make sustained improvements to the quality and safety of the service.

There were enough suitability skilled and qualified staff in place to meet people's needs. The provider had robust recruitment checks in place to identify suitable staff.

The home was a suitable environment to meet people's needs. People told us that the home needed decoration, but that this was not to the detriment of their wellbeing or happiness.

The home was clean and there were effective systems in place to prevent the spread of infections.

## 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.

There were systems in place to protect people from abuse and harm.

Risks to people's health and wellbeing were assessed, monitored and mitigated.

There were sufficient numbers of staff place and the provider had robust recruitment procedures in place to identify suitable staff.

People received their medicines safely and as prescribed.

The home was clean and staff understood how to reduce the risk of infections spreading.

The registered manager used incidents and feedback as learning opportunities to improve the quality of care.

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed to formulate appropriate care plans to meet their needs.

Staff received ongoing training and support in their role.

The provider had made links with healthcare services to promote people's health and wellbeing.

People received food and drink in line with their needs and preferences.

The environment was suitable for people's needs, but people told us they felt it needed decoration.

Staff understood the need to gain consent to care.

### Is the service caring?

Good ●

The service was caring.

Staff were patient, caring and treated people with dignity.

People and relatives told us they were involved in decisions about their care.

Staff encouraged people to be as independent as they wished

### **Is the service responsive?**

**Good** ●

The service was responsive.

There were systems in place to help ensure complaints and concerns were dealt with appropriately.

People received personalised care.

Staff had received training in providing effective and empathic care at the end of people's lives.

### **Is the service well-led?**

**Good** ●

The service was well led.

The provider had met its regulatory responsibilities in reporting significant incidents to CQC

The registered manager was well respected by people, relatives and staff, who felt they ran the home competently.

The registered manager carried out audits which helped them assess and monitor the quality and safety of the service.

The provider had made links with other stakeholders to promote people's health and wellbeing.

The registered manager had made links with the local community to provide activities, entertainment and companionship for people.

# Lavender House Care Home

## 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 comprehensive inspection took place on the 11 and 15 June 2018 and was unannounced. Two inspectors and an expert by experience carried out day one of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience in this inspection had a background in nursing and working with people living with dementia. One inspector carried out the second day of the inspection.

Before the inspection, the provider completed 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. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law. We also reviewed copies of quality monitoring visits by the local authorities and action plans associated with their findings.

We spoke with nine people and three relatives. We also spoke with the registered manager, five care staff and healthcare professional.

We looked at care plans and associated records for five people and records relating to the management of the service. These included two staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas.

The home was last inspected in February 2017, where the service was rated requires improvement.

## Is the service safe?

### Our findings

People felt safe at Lavender House Care Home. One person said, "I feel very safe because of the people here and you know no one will creep in your bedroom at night." Another person told us, "It's very nice here, I feel safe. I'm very happy." A third person commented, "I feel safe because of the general atmosphere and there is always someone about all day and all night."

There were sufficient numbers of suitably skilled and qualified staff in place to meet people's needs. One person said, "There are always staff around to help. If I am in my room, I have a bell I can press and I never have to wait long for staff to come." The registered manager had calculated staffing levels according to people's needs. They had arranged staffing levels to enable staff to have time to spend with people without needing to rush.

The registered manager oversaw the recruitment of new staff. They carried out a series of checks into candidates work history, background and knowledge about their role during the recruitment process. Candidates also had a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. These checks were in line with best practice guidelines and helped to ensure the registered manager identify suitable candidates.

Risks to people's health and wellbeing were assessed and monitored. Where risks were identified, plans were put in place to mitigate them and reduce risk of harm. Some people were at risk of falls and assessments had been made to provide additional mobility equipment to help them safely mobilise. People had their own personal mobility aids which were configured to meet their individual needs. People's individual equipment was personalised to make them easily identifiable. This helped ensure that people used the equipment they were assessed to use. Where some people were at risk of developing pressure injuries, clear plans were in place to monitor their skin integrity and take appropriate action if there was a deterioration in their condition.

People were protected from the risk of abuse and harm. The provider had a safeguarding policy in place that had been designed to follow protocols set out in local authority guidance and government legislation. The registered manager kept a log of all safeguarding concerns which had been raised. This included any investigations they had made in partnership with local safeguarding teams. These actions helped to ensure that people were protected from the risk of abuse and harm.

There were systems in place to protect people from risks of infection spreading. All staff had received training in infection control. This training gave them information about how to maintain a healthy and clean environment. People told us Lavender House Care Home was clean. One person said, "It is very clean here." There was a designated member of staff who was responsible for overseeing the cleanliness of the home. This member of staff had a regular cleaning schedule which included regular deep cleaning of the home. This helped to maintain a clean and hygienic environment.

There were effective systems in place manage the ordering, delivery, administration and storage of medicines. The provider had established good links with the local pharmacy. They had developed a system to ensure that medicines were ordered in good time and any unused medicines were returned appropriately. The systems to ensure that medicines were stored safely and in line with manufacturers guidelines were safe . This helped to ensure that medicines were stored securely and in a way to help ensure their effectiveness.

The support people required to manage their medicines was identified in their care plans. This included their preferred routines around administration and ways in which staff could encourage people to take their medicines if they were reluctant to do so. Where people required medicines for pain or anxiety, there were clear plans in place to ensure they received these medicines as needed. This helped ensure people received their medicines safely as prescribed.

The registered manager used incidents and feedback as learning opportunities to improve the quality of care. All incidents were logged and investigated by the registered manager. They looked for trends that ran through incidents to eliminate contributing factors if possible. Since our last inspection, the registered manager told us how they had implemented improvements in many key areas after feedback, such as recruitment processes and incident recording. These improvements were evidenced through improved ratings made in key areas of safe, effective, responsive and well led at this inspection. This demonstrated that the registered manager had successfully imbedded learning from feedback to improve the quality and safety of the service.

## Is the service effective?

### Our findings

The provider worked in partnership with other stakeholders to help promote people's health and wellbeing. The provider was participating in a programme run by the Clinical Commissioning Group (CCG) called, 'Enhanced healthcare in care homes'. The aim of this programme was to improve the quality of life, healthcare and planning for people living in care homes. This was achieved through providers working in partnership with medical and healthcare providers to deliver offer preventive care to people at risk of having an unplanned admission to hospital.

As part of this programme, the provider used the National Early Warning Score (NEWS) to help monitor people's health and wellbeing. The NEWS is a tool developed by the Royal College of Physicians, used by the NHS to quickly determine the degree of illness of a patient. It is based on the monitoring of six vital signs including respiratory rate and blood pressure. As part of the program, staff had received training to take and record these observations and monitor for any changes in the person's health as indicated by fluctuations in readings taken. Staff were instructed to contact relevant medical or healthcare professionals if observations taken were outside agreed normal parameters.

Using data collected from these observations, staff recorded an accurate baseline level of people's health. This information could be used by doctors, paramedics or other health professionals to make informed judgements about appropriate treatment plans, due to their being accurate data available about the person's health and wellbeing. This helped to ensure that people had access to timely healthcare interventions as staff who were trained to monitor these signs and to seek additional input where appropriate.

The registered manager assessed people's needs prior to the provider taking on their care. This included visiting people and their families to understand their preferences and gain insight into their background. The registered manager also used information from assessments made by social workers and healthcare professionals to assess people's care needs, identify any risks and ensure that an appropriate package of care was available to the person when they moved in the home. This demonstrated that the provider had systems in place to assess people's needs.

People were complimentary about the food at the home. One person said, "We are having a roast today, I think you can smell how good it is yourself." Another person told us, "Absolutely perfect, no complaints about the food whatsoever." People were given a choice about food. One person said, "They ask me in the morning. You could have soup or omelettes, there is always a choice." This was reflective of people's feedback that there was a variety of meals available which suited their preferences.

People's nutritional preferences and needs were understood by staff. Where people had specific dietary needs such as requiring a pureed diet, staff ensured people received an appropriate diet. Some people required support or encouragement when eating and drinking. The support they required was clearly documented and staff met these needs effectively during mealtimes.

Staff had a clear understanding of the need to obtain people's consent to care. One member of staff said, "If anybody doesn't want a wash or bath, we respect this but will find different ways to encourage and support them to stay clean." Where some people were not able to consent to aspects of their care plans. The registered manager followed the principles of The Mental Capacity Act 2005 (MCA) to ensure that any decisions were made in people's best interests after consulting with relevant people and considering people's wishes and beliefs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that Lavender House Care Home were following the correct procedures to fulfil their responsibilities under these safeguards.

The environment was suitable for people living at the service. The provider had installed a stair lift to assist people to mobilise between floors. This helped people who struggled to climb the stairs independently. People had access to a communal garden where there was a paved area with seating, which meant that people had access to a safe and secure outside space.

Some areas of the home were well worn in terms of decoration. One person said, "We could do with some decoration here, it's a bit tired looking, but overall it's ok." The decoration of the home had also been highlighted in feedback from recent quality assurance questionnaires. The registered manager told us they had fed this back to the provider. Although people told us the home required decoration, they felt this had little impact on their wellbeing and was not a critical issue which needed to be immediately addressed.

## Is the service caring?

### Our findings

People told us that staff were caring and considerate. One person said, "(Staff are) "Very approachable, very kind. Always willing to help." Another person commented, "We are lucky to have such a nice group of staff."

The registered manager was very pro-active in ensuring that people kept in contact with relatives and people who were important to them. People told us their relatives were always made to feel welcome by staff. One person said, "I'm lucky enough to have family who live close by and they are made so welcome when they visit." A relative told us, ""We have a wedding coming up. When we spoke to the home, they arranged for [Manager] and a carer to bring [my relative] to the wedding. You can't ask for more than that." The registered manager told us how they made a point of working in partnership with people's families to foster positive relationships. This included providing regular updates to family members about people's wellbeing or making them feel welcome to have meals with their loved ones at the service. One relative told us, "They phone and then send a letter telling us what has happened. It's a great relationship we have with the home."

People and their relatives told us they were involved in making decisions about their care. One person said, "Staff don't make me do anything that I don't want to do." A relative told us, "The staff will always call if there is an incident or something important has happening. I think they really liked to keep us involved."

The registered manager celebrated important events or memorable activities which took place at the service. They had set up a secure social media page and gained consent from people to share pictures and updates of events or parties which took place at the home. If appropriate, family members could log on to view pictures of their relatives and share some of the memorable moments they enjoyed. The registered manager displayed photos of events at the service. Staff used these pictures as prompts to engage people in conversation. This helped people and staff reflect on the positive experiences from these events.

The registered was focussed on ensuring that staff had good quality time to spend with people. They told us, "I never want my staff to feel rushed, we want to create a caring atmosphere and I believe the team truly embody this." Whether this was through formal activities or through informal interactions, the registered manager encouraged staff to sit with people to talk about their day or reminisce. The registered manager had sourced volunteers, who regularly visited the service with the specific role of talking and engaging with people. One person said, "(Volunteer) comes off his own accord, we have a right laugh."

People were encouraged to be as independent as possible. One relative told us, "They [staff] keep people involved, peeling the vegetables. I think it's great, it keeps them occupied and feeling useful." Areas where people would like to maintain their skills were identified in their care plans. Some people wished to remain independent in some aspects of their personal care, whilst other people enjoyed carrying on domestic tasks such as laundry which they were accustomed to and wished to carry on. This helped to ensure that people were supported to remain as independent as they wished.

Staff were patient in their approach and treated people with dignity and respect. Some people were

confused or disoriented due to a cognitive impairment. Staff took time to reassure them or distract them with tasks that took the focus away from their anxiety. Staff were patient with people if they were reluctant to eat or be supported with their personal care. During the inspection, one person become verbally aggressive as they did not want to eat their chosen meal. Staff were patient in offering the person reassurance and an alternative meal. This resulted in the person feeling more settled and they ate their lunch without incident thereafter.

## Is the service responsive?

### Our findings

People received personalised care. People's preferred routines around their personal care were documented in their care plans. Where people were reluctant to engage in their personal care, staff worked with people and families to identify strategies to help them feel comfortable and trust staff. In one example, one person was very reluctant to engage in their personal care after first arriving at the home. The registered manager worked with the person and family to identify the person enjoyed a glass of whiskey whilst having a bath. They arranged for staff to make this available and this helped to encourage the person to allow staff to help them have a wash.

The service had complied with the Accessible Information Standard by identifying, recording and sharing the information about the individual communication needs of people with a disability or sensory impairment. The registered manager had identified where people needed additional support to promote effective communication and their specific needs were identified in their care plans. The registered manager had arranged for additional staff training in sensory and hearing loss. The aim of this was to help ensure staff understood how to provide effective support to people in relation to their sensory needs.

There were a wide range of activities which people could become involved in. One person said, "They put films on the television. We play games. This Wednesday we're off to [place] on a minibus. I don't think I have been busier." A second person said, "The staff definitely make a big effort to get us all involved. This is one of the best things about the place."

Activities were based upon people's likes and interests. One person had an interest in decorating and was helping staff out to renovate the garden. Other people were encouraged with daily tasks such as laundry or cooking. Staff told us people enjoyed these activities as it helped them feel productive. Other people were supported by staff to access shops and leisure facilities such as swimming pools, which helped them to follow their hobbies and interests.

The registered manager organised regular trips to local attractions and areas of interest. This included a recent trip to the seaside. They organised a minibus to be available for these trips so people could access these outings. One person said, "I loved getting some fresh sea air." The registered manager arranged for photographs of the trip to be displayed in the home. This helped stimulate conversation between people about the experiences they had.

Staff had undertaken training and qualifications in end of life care. They accessed the 'Six Steps Programme'. The Skills for Care 'National end of life qualifications and six steps guidance describes the six steps programme as, 'The qualifications developed are for those working in social care and can equip workers not only to recognise end of life situations but to manage them more effectively.' The registered manager gave us examples where they had worked with other stakeholders such as hospices and district nurses to provide appropriate and empathetic care at the end of people's lives.

There were systems in place to handle people's complaints appropriately. One person said, "If I had a

problem, I would just go to the manager. I don't think this would be a particular issue." There were copies of the provider's complaints policy clearly displayed in the service. The policy detailed how and who people could make a complaint to and how it would be dealt with. The registered manager had not received any complaints since our last inspection, but was able to tell us the actions they would take to ensure people's concerns were dealt with appropriately.

## Is the service well-led?

### Our findings

At our previous inspection in February 2017, we found that the provider did not notify CQC that ten people had been deprived of their liberty under the Deprivation of Liberty Safeguards. This was a breach of Regulation 18 of the Care Quality Commission(Registration) Regulations 2009. At this inspection we found that the registered manager fully understood their responsibilities in reporting all relevant significant incidents which occurred in the home. The registered manager had submitted notifications appropriately when incidents occurred and had demonstrated that the provider was now meeting the requirements of this regulation.

There was a registered manager in place. 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 told us the registered manager was kind and caring. One person said, "She [the registered manager] is a diamond." A second person said, "I don't think she could do more. She is a lovely person." A third person said, "You will not find a better home in Southampton. The manager and staff are brilliant." Staff told us the registered manager was supportive and approachable. One member of staff said, "I know I can go to the registered manager for anything. I feel very well supported in my job."

The registered manager monitored the quality and safety of the service through a series of audits and checks. These audits included, health and safety, infection control, medicines management and kitchen hygiene. The registered manager ensured that any mobility or equipment was regularly tested and serviced to ensure it was safe for people's use. The registered manager also ensured that utilities systems such as gas and electricity were regularly serviced to ensure they were in good working order and safe. These audits and checks were effective in monitoring the safety of the home environment.

The registered manager sought feedback from people, relatives and professionals to make improvements to the service. The registered manager held regular meetings with people and relatives to gain ideas about how improvements could be made. Recent meetings had prompted changes in menu and ideas around trips out being implemented. The registered manager also sent regular questionnaires to people, relatives and professionals to gain feedback about the service. The feedback from the last questionnaire sent in February 2018 was very positive, with the only consistent negative feedback about the tired décor of the home. The registered manager told us they had shared this feedback with the provider.

Staff told us there was a positive culture within the service. One member of staff said, "It is a lovely home here. It is a really caring environment." The registered manger fostered this positive culture by regularly working alongside staff to offer support. This helped give them a sound knowledge about people's needs and challenges staff faced in their role. The registered manager held regular staff meetings where staff were asked to reflect on their performance and identify how things could have been done better. In a recent staff meeting the registered manager shared the results of recent quality assurance questionnaires. This helped

to ensure that staff were abreast of the key issues associated with their role and the home

The registered manager had established positive working relationships with other stakeholders to help provide good quality care. A healthcare professional told us, "This home is definitely one of the best in terms of communication, reporting and recording." The registered manager had established an effective relationship with district nurses. This helped ensure that relevant information was cascaded to staff and in turn, staff were knowledgeable about providing information for district nurses on their visits.

The registered manager had also invited commissioners and pharmacists to carry out audits of their medicines management system. The most recent pharmacy audit carried out in February 2018, identified that the provider had effective systems for the safe management of medicines. This demonstrated that the provider was willing to work with other stakeholders to assess and monitor the quality and safety of the service

The provider was an active member of the local community. The registered manager had arranged for local school children and a local 'Brownies' group to regularly visit the home to provide entertainment and comfort to people. The registered manager told us how people enjoyed reading and playing games with the children. The registered manager had also arranged for dogs to visit the home, so people could spend time playing with the animals. A local ice cream man had agreed to make a regular stop at the service. This involved pulling up inside the grounds of the home so people could safely access the ice cream van. This demonstrated that the provider had made sustainable links to the community which provided activity, comfort and occupation for people.

The provider had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, staff told us they could contact the local authority or the Care Quality Commission if they felt unable to do so with their manager.