

# Hornby Healthcare Limited

# Lavender Court

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Lavender Court provides personal care for up to 18 older people in one single storey building. Some people supported were living with dementia. At the time of the inspection 13 people were using the service.

### People's experience of using this service and what we found

People told us they felt safe living at Lavender Court. Staff knew how to protect people from abuse. Most risks to people were assessed and managed. However we identified some additional work was needed in this area. New starters were recruited using processes that reduced the risk of unsuitable staff being employed.

Staff received the right training to carry out their roles safely and were supported with regular supervision meetings and appraisals.

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

We have made a recommendation about the management of CCTV within the home.

People and relatives said staff were very kind and caring. We observed positive relationships between people and staff. The care people received was person-centred. People and relatives knew how to complain if needed. Activities were available to people. However, people, relatives and some staff told us these could be improved.

Checks to monitor and improve the service were carried out by the registered manager and provider. The provider sought and acted on feedback. The service worked in partnership with other agencies to fully meet people's needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 19 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Lavender Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Lavender Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of this inspection was unannounced. The second day was announced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch to gather information. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and seven relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with nine members of staff. This included the registered manager, deputy manager, two senior care workers, two care workers, a cook, housekeeper and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two external professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Most risks to people were assessed and staff knew the action to take to reduce those identified. However, we identified for one person a health based risk had not been fully assessed and monitored. We discussed this with the registered manager on inspection and they immediately began to address the issue.
- People and relatives said people were kept safe. One person told us, "I definitely feel safe, I can even leave my window open here which I couldn't do at home."
- A range of checks were carried out within the building and with equipment to ensure they were safe.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults and the staff we spoke with knew how to protect people from abuse.
- The service had a safeguarding policy and protocol in place.

### Using medicines safely

- Senior staff were trained in medicines management and had checks made on their competency in this area.
- People told us staff supported them with their medicines appropriately.
- Medicine records viewed were complete with no unexplained gaps.

### Learning lessons when things go wrong

- The provider and registered manager analysed accidents and incidents to identify any patterns and trends.
- The management team gave examples of lessons learnt from adverse incidents to reduce the risk of them happening again. Such lessons learnt were shared with the staff team.

### Preventing and controlling infection

- Staff received infection control training and knew how to reduce the risk of infection spreading.
- Plentiful supplies of gloves and aprons were available.
- The premises were clean and tidy. One person told us, "Oh yes, it's always clean."

### Staffing and recruitment

- The registered manager monitored staffing levels to ensure people received safe support. Staff told us there were sufficient staff on duty to meet people's needs.
- People told us, and we saw on inspection call bells were answered quickly. One person said, "Staff are there at night whenever I need them."

- The provider's recruitment process reduced the risk of unsuitable staff being employed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People needs had been assessed and were reviewed at least monthly.
- An assessment of people's care needs before they moved into the home was carried out to ensure the right level of support could be provided. People and their relatives told us they were fully involved in the planning of the care to be provided.
- People and relatives told us they were involved in the ongoing planning of their care where able. They said the care provided took into account their needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other professionals to ensure people received the healthcare support they needed. This included supporting people to medical appointments.
- Care records contained evidence of appointments and check-ups with a range of external health professionals.

Staff support: induction, training, skills and experience

- Staff received the training they needed to carry out their roles. We received positive feedback from staff on their training.
- Staff had regular supervision meetings and appraisals. They told us this helped them feel supported. One staff member told us, "There is always someone to go to for support."
- Newly recruited staff completed an induction which included the shadowing of more experienced staff.

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

- People were supported to eat and drink sufficient amounts to maintain a healthy and balanced diet.
- The cook we spoke with was fully aware of people's dietary needs.
- We observed lunch being served and found it was a pleasant experience for people. Food served was appetising and hot.
- People told us they enjoyed the food on offer and always got a choice of meals. People said that they enjoyed regular drinks and snacks throughout the day.

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

- The building was adapted to meet the needs of the people living there.
- Some signage was in place to help people find their way around.
- People's bedrooms were personalised with their own belongings. One person told us, "I like having my own

things around me."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of the MCA. They supported people to make as many decisions for themselves as they could.
- Where needed DoLS had been applied for. Care plans contained details of decisions made in people's best interests where appropriate.
- The provider was using CCTV to monitor communal areas of the building. The nominated individual had a certificate which showed they had registered the use of the CCTV with the Information Commissioner's Office. People and relatives were aware of the use of CCTV and the registered manager told us they were happy with it being in place to protect both people and staff. However, there was no recorded evidence people had been consulted about the use of CCTV or that they had all agreed to being monitored in this way. During this inspection the management team began to address this matter.

We recommend the provider reviews current best practice and the paperwork in use in relation to CCTV to ensure there is evidence people are fully consulted and they or their representatives have agreed to how it will be used.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring and kind. One person said, "I can't fault any of them."
- Staff were considerate of people's individual needs and preferences.
- The relatives we spoke with said people were very well cared for.
- People were supported to maintain the relationships important to them. Families told us they were always made welcome.
- People were supported with their spiritual needs through clergy visits and people were able to attend local places of worship.

Respecting and promoting people's privacy, dignity and independence

- We observed and people told us they were treated with dignity and respect. One staff member told us, "They [people] have so much to offer, stories beyond what you remember, it's nice that we can give back."
- Staff were patient in their interactions with people. One person told us, "They have never made me feel like anything [I ask for] is too much bother."
- Staff closed doors when supporting people and knew how to respect people's privacy.
- We saw staff asking for permission from people before helping them. Staff were patient in waiting for people to make decisions for themselves.
- Staff encouraged people to maintain their independence and do as much as possible for themselves.
- People's information was stored securely.

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

- Feedback was sought from people and relatives. This was done through informal chats and resident's meetings. People told us they felt listened to.
- The provider carried out an annual survey. The results of this were analysed and consideration was given to actions that could be taken to address issues raised.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support plans was personalised and based upon their individual needs and preferences.
- People told us they received the support they wanted and needed. The relatives we spoke with confirmed this was the case.
- People's religious and spiritual needs were assessed.
- Handovers took place when staff came on duty to ensure staff had up to date knowledge of any changes to people's needs.

Meeting people's communication needs

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

- Care plans documented people's communication needs. Staff knew people's communication needs very well and communicated with people effectively to help ensure their voices were heard.
- We observed staff use different techniques to communicate well with people including using props and visual signs.
- The registered manager told us where people needed information provided in an alternative format this would be provided on a bespoke basis.

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

- People had opportunities to take part in a range of activities. One person told us, "Yes there are activities here but I haven't chosen to join in." They told us staff respected their wishes in this area.
- Some people, staff and relatives told us they felt the service would benefit from more outside entertainment being brought into the home. They felt this was important as the provider did not employ an activities coordinator due to being small. We discussed this with the registered manager and nominated individual who told us they would review the activities programme.

Improving care quality in response to complaints or concerns

- The provider had systems in place to investigate and respond to complaints. No formal complaints had been received at the time of inspection.
- People and relatives said they knew how to raise concerns and were confident these would be acted on by

the management team. One person told us, "I can always go to [registered manager] if I have a complaint." A relative said, "If I have any problems [registered manager] will sort them straight away."

- Informal complaints/concerns were not being recorded. We discussed this with the registered manager who told us they would arrange for this to take place in future.

#### End of life care and support

- At the time of our visit no one was receiving end of life care. Policies and procedures were in place to provide support to people at this important time where needed.

- Care plans documented people's wishes for their end of life care, including any specific needs and choices a person had made in this area.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff spoke positively about the ethos of the service, and the leadership provided to them. All the staff we spoke with said Lavender Court had a good staff team.
- People and relatives told us they were very happy with the support provided and the communication they received.
- The registered manager was a visible presence at Lavender Court and knew the people living there well.

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

- The registered manager completed a range of audits to monitor the quality and improve standards.
- Very positive feedback was received about the management team from people, relatives and staff. One staff member told us the management team were "brilliant".
- The registered manager had submitted required notifications of accidents and significant events to the relevant bodies in a timely manner.

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

- Feedback was sought from people and relatives. Relatives told us issues they had flagged up had been addressed.
- Staff told us they felt valued, they said they could air their views and were listened to.
- Care staff had received a number of written compliments and thank you cards based on the care provided.

Continuous learning and improving care; Working in partnership with others

- Staff worked well with a range of external professionals to meet people's needs.
- The provider and management team were keen to continue improving the care provided and shared their future plans for developing the service with us.
- The registered manager had ensured positive links had been made with the local community including schools and faith groups.