Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Lavender House

69 Welton Road, Brough, Hull, HU15 1BJ

Tel: 01482666013

Date of Inspection: 05 March 2014

Date of Publication: April 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Cleanliness and infection control ✓ Met this standard

Details about this location

Registered Provider	Quality Care UK Limited
Registered Manager	Ms. Sarah Warrington
Overview of the service	Lavender House is situated in the centre of Brough and provides accommodation for up to 32 older people, some of whom may have a memory impairment. Most bedrooms are single en-suite. There are two lounges, one with dining space, and four bathroom facilities. A passenger lift gives access to the upper floor and there are bedrooms up or down another set of stairs. At the front of the house there are gardens and car parking. An extension is in progress.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Lavender House had taken action to meet the following essential standards:

- Cleanliness and infection control

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 5 March 2014, observed how people were being cared for, talked with people who use the service and talked with staff.

We viewed the premises and checked beds for cleanliness and suitable linen.

What people told us and what we found

When we inspected the service in December 2013 we found there were inadequate systems in place with regard to infection control to ensure the safety of people that used the service. When we inspected the service in March 2014 we found that some changes and improvements had taken place.

We saw that there had been improvements in the cleanliness of the general environment and in the care practices of the staff. This meant people had experienced improvements in reducing the risks of infection from cross contamination or poor hygiene practices.

People were satisfied with the standards of cleanliness and the service of care they received.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

We had inspected the service in December 2013 and we found that the infection control practices had been inadequate to ensure peoples' safety from the risk of infection. We had found that some toilet and en-suite floor coverings were old and worn and difficult to keep clean, bed linen was dirty and old, and the kitchen, pot washing space and laundry were untidy and disorganised. An extractor fan was broken in one of the communal toilets used by most people and there were personal toiletries in the toilet, which meant they could have been used communally. There were several bins without lids and clinical waste was not handled appropriately before being placed outside for disposal. Staff told us they did not have time to complete any cleaning tasks because of the care people required. There were only six hours allocated to cleaning on two days of the week.

When we inspected the service in March 2014 we found that some changes had taken place. The cleaning hours had been increased to six hours a day, five days a week. We saw there was a new cleaning schedule for the cleaner and night care workers, which contained information about the tasks to be completed to ensure bedrooms, toilets and the communal environment were kept clean. There were also instructions on disinfecting, working at height, polishing, emptying bins and disposing of clinical waste. Cleaning staff and care staff had filled in daily cleaning schedules to maintain a record of the tasks they had carried out.

The laundry had been tidied and unwanted equipment had been discarded so that staff could access the washers and dryer more readily. This made it safer for staff when working in the laundry room and safer for people that used the service because the risk of cross-contamination from poor handling of soiled linen and clothing was reduced.

There were no visible signs of any changes in the kitchen or pot washing space, but both areas were tidier and new waste bins had been purchased. We saw that two toilet floor coverings had been replaced and the manager explained that others had also been

replaced. The manager told us that new bed linen had been purchased for every bedroom and when we turned down a number of the beds to sample them we found that the linen was clean and satisfactory.

We were informed by the manager that they had completed an infection control course with East Riding of Yorkshire Council in January 2014 and six staff had begun to complete a distance learning infection control course. We were also told that nine staff had completed a one day combined infection control and basic food hygiene course on 26 February 2014. The manager had been appointed as the infection control lead person for the service and there was a new policy in place.

The manager told us they had been carrying out regular audits of the premises safety and cleanliness and we saw recorded evidence of these in the form of checklists.

People we spoke with had no concerns to voice about the cleanliness of the service or their personal safety as a result of infection control practices. Their feedback was mainly that of general conversation about their day and how they passed their time. One person told us about their recent experience of being in hospital. People presented as being satisfied with the service in general.

We saw that there had been improvements in the cleanliness of the general environment, toilet bowls and floors were clean and fresh and beds were fitted with clean bed linen. This meant people had experienced improvements in reducing the risks of infection from cross contamination or poor hygiene practices.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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