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: 17 December 2013

Date of Publication: January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Cleanliness and infection control	✗ Action needed
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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. The front of the house has 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

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We found that people were satisfied with the service of care they received and so we assessed that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. They said, "I am fine", "I'm happy here, the girls are lovely", "Oh yes I am quite satisfied with everything" and "I am very satisfied".

We found that peoples' health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in cooperation with others and shared information in the form of specific documentation.

We found that people were not properly protected against the risk of infection from poor hygiene and cleanliness within the service because the provider had not ensured good infection control practices were carried out. We had some concerns about cleanliness of the premises and staffing resources to enable good infection control practices to be followed.

We found that although there was sufficient care staff to meet peoples' needs there was poor deployment of care staff so that staff worked excessive hours. There was insufficient cleaning staff to ensure the service was tidy, organised, clean and meeting infection control standards.

We found from viewing documentation and speaking to people that used the service that the provider had an effective system to regularly assess and monitor the quality of service that people received.

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

What we have told the provider to do

We have asked the provider to send us a report by 28 January 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure peoples' safety and welfare.

Reasons for our judgement

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke with people that used the service and staff and we looked at peoples' case files to assess this outcome on 'care and welfare'. We also observed people being cared for and their interactions with staff.

People told us they liked living at Lavender House. They said, "I am fine. They (staff) look after me well", "I'm happy here, the girls are lovely", "Oh yes I am quite satisfied with everything" and "I am very satisfied. People and visitors get on well with me and the manager is very nice". A relative told us "X has been here four years and I am quite happy with the care they have received".

Staff told us they enjoyed working at the service and thought people were well cared for. They said, "I try to make sure peoples' dignity is upheld and they get the care they need with washing, dressing and sometimes eating. There are some people that need help with nutrition though usually people are independent whenever they can be" and "People are getting their needs met where we can because we follow their care plans, but sometimes we have too much to do in the home". They told us that they provided support with personal care, nutrition and social activities and also completed cleaning tasks as well. Information on cleaning and staffing is reported about in the sections below: 'Infection Control' and 'Staffing'.

We saw from case files and care plans that peoples' needs had been appropriately assessed and planned for. Case files contained a photograph of the person they belonged to, admission details, personal profiles, life histories, pre-admission assessments, initial assessments of needs following admission, documentation about peoples' preferences and wishes, body map forms showing injuries from accidents, risk assessments (falls, moving and handling, nutrition), daily diary notes, monitoring charts and monthly reviews

of care needs. There was other documentation available: patient passports (forms with information about a person's care needs for hospital staff to be aware of), placing local authority support plans, health care support plans, records of admission/discharge to/from hospital and advanced 'end of life' care plans if appropriately needed. All of this meant that staff had good information about people so they could meet their needs.

We saw staff interacting with people and found they were gentle, pleasant and considerate. We saw that whenever a person needed and asked for support it was given without fuss, but we also saw that staff were not always proactive enough when observing peoples' support needs. For example one person required support to the toilet and staff had not observed this. We asked them to attend to the person. Other people were quite forthright with their requests and so their needs were appropriately met.

We asked a visiting district nurse what they thought of the care people received. They said they had no concerns and the service listened to their advice.

We saw that people were appropriately cared for and they reported they were happy with the service at Lavender House which meant they had their needs satisfactorily met.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

Peoples' health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in cooperation with others.

Reasons for our judgement

Peoples' health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in cooperation with others.

We spoke with people that used the service but their feedback did not relate to this outcome. We spoke with the manager about cooperating with other organisations and we saw some of the information documents used to ensure details were passed on about peoples' care and health care needs.

We saw from records held that concerns about care needs were shared with the 'falls team' or the 'continuing healthcare team' as these were recorded in diary notes and health visitor records. This meant that people were referred to the appropriate health care professionals to ensure they received specialist support. We saw completed copies of peoples' 'patient passports' which the manager felt were valuable documents for sharing information. We also saw third party medical forms containing information that the service used to pass on or receive details about peoples' medical illnesses. The manager told us a staff member almost always accompanied a person to hospital for an appointment or emergency admission so as to be able to provide relevant current information about them.

The manager explained that on transfer of a person from another service to Lavender House they made sure they received full details of the person's needs. Similarly they explained they also sent information to other services about a person leaving Lavender House.

We saw other documents for passing information to other organisations for when responsibility for a person's care needs were shared. We saw 'end of life' care plans that were produced for when people required them and forms for recording details for when there was a need to liaise with and send samples to Public Health England. We also saw policies for cooperating with other providers and organisations.

The manager told us of some concerns they had regarding discharge from hospitals.

These included issues around inappropriate discharges: late at night and in unsuitable attire. While there were sometimes problems encountered with reciprocal cooperation from other organisations we found that in the main the service cooperated well with them. All of this meant that where possible people experienced good care when moving between services and organisations.

Cleanliness and infection control ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risk of infection because appropriate guidance had not always been followed. People were not cared for in a clean, hygienic environment.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

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

We spoke with people that used the service and staff and we looked round the service to assess the effectiveness of infection control systems. We also viewed some records relating to cleanliness and hygiene.

People we spoke with told us they were satisfied with the care and hygiene standards. They said, "My room is nice", "The girls keep my room clean" and "It's pleasant here". We saw one person taking themself to the bathroom and they asked us if one particular bathroom from two on the ground floor was busy. We told them it was in use as we could hear a staff member assisting someone else in there. The person told us they preferred that bathroom, but they used the other one.

When we later viewed the bathroom they used we found it to be unpleasant. There was no external window, the extraction did not work and there was no supply of toilet paper. There were stains on surfaces and a broken tile exposing the outflow pipe. There were a few incontinence aids on a shelf that had been taken from their packaging and Dermol cream and Sprilon spray with the names of people they had been prescribed to. This did not ensure peoples' privacy and there was a risk that other people may use products not prescribed to them. The floor covering was old, worn and difficult to keep clean, compromising infection control standards.

We saw a poor floor surface in the en-suite toilets in two bedrooms. These were worn and difficult to keep clean. We experienced unpleasant odours in four bedrooms and saw two stand-aid hoists with dirty footwells. We also saw two beds with dirty linen and one had been very poorly made. The bed had an unpleasant odour, stains on the sheets, a hole in the incontinence sheet and a wrinkled cover on the specialist pressure mattress, which could have compromised the person's skin integrity. We saw that other beds also had worn and thin linen on them, which did not aid peoples' comfort.

We found that there were waste bins without lids in two bathrooms. There were two yellow swing-lid waste bins without bags and there were two black bags of waste and a yellow bag of contaminated waste on the floor of the laundry next to some clean linen on a trolley.

The laundry room was untidy, disorganised and dirty. There were two old foam seat cushions wedged between two laundry machines and they had dust, fluff and a disposable glove on and around them. There was broken laundry equipment blocking the work space and behind this was a collection of buckets, mops and other small items of furniture. The floor, walls and ceiling surfaces were dirty. They were inaccessible because of the amount of old equipment and unused items stored there and so staff would not be able to clean them, if they tried.

The kitchen was untidy and disorganised. The cook was not in the kitchen at the time we looked in and had left several jobs on the go: breakfast items were still out, pans were steaming on the stove for lunch and crockery was to be cleaned or put away. The bins in the kitchen and the servery area had no lids on them, which could have meant people were at risk of harm from food contamination. The manager told us the kitchen had been inspected by the Environmental Health Officer in August 2013 and there were no concerns at that time. The manager said the cook had probably gone to ask people that used the service what they wanted for lunch and tea.

Staff told us they had suitable personal protective equipment (PPE) available to them and there was sufficient soap and hand wash gel for them to use. They said they had hand washing instructions in their policies and procedures file and had received infection control training from the manager who was trained as a trainer in this area. They said they had posters on display to remind them of good infection control practices. Staff told us they did not have time to complete the cleaning chores they were asked to do as they spent all their time providing care. We were told there was a cleaner on duty twice a week.

All of this meant that while staff understood their responsibilities and had received appropriate training there were ineffective infection control systems in operation within the service. Therefore people that used the service were at risk of harm from cross-contamination and poor management of waste.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet peoples' needs. There were insufficient cleaning staff.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet peoples' needs. There were insufficient cleaning staff employed.

We spoke with the people that used the service and staff and we looked at the staffing rosters to assess this outcome. We also observed staff on duty.

People we spoke with did not give us any feedback about this outcome but one person did say they thought the care staff had a lot to do and were always busy. We saw that care staff worked a three-shift system: mornings, afternoons and nights. Sometimes staff completed a double shift during the day. We saw from the roster for week commencing 16 December 2013 that one staff member was down to work 77 hours (covering staff annual leave) and two others were down to work 49 and 42 hours each. The staff member that was recorded to work 77 hours had also worked 63 hours week commencing 9 December 2013. They had worked 8 days consecutively without a break. This was not good staff deployment and may have resulted in staff being too tired to do their work safely and therefore may have put people that used the service at risk. The provider is reminded of the European Working Time Directive Regulations and to ensure that no staff works in such a way as to compromise their health or that of the people they care for.

Care staff told us they carried out caring and cleaning tasks, but often had to 'break off from' cleaning to attend to peoples' care needs. They said there was a cleaner employed two days a week. The manager showed us the staffing rosters which showed a cleaner was employed for six days a week doing 4 hours a day: total of 24 hours a week. The provider may find it useful to note that there was no cleaner on duty during our inspection visit and conflicting information from staff and the manager meant we were unsure what the position was regarding cleaning staff and effective systems of infection control.

We found that although there was sufficient care staff to meet peoples' needs there was poor deployment of care staff so that staff worked excessive hours. This had the potential for poor care being provided. There was also insufficient cleaning staff to ensure the service was tidy, organised, clean and meeting infection control standards. This has been reported on in the outcome on 'infection control' above, where the service was found to be

non-compliant.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People that used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We spoke with people that used the service and staff and we viewed records and documents relating to the quality monitoring systems.

People we spoke with could not recall having completed any satisfaction surveys but were aware of their care reviews and opportunities in reviews to make their views known. They said, "We just ask for what we want and the girls usually help us when they can", "I don't remember any surveys" and "I am popular with people so they talk to me and I am listened to".

Staff told us they were aware of audits taking place but were not involved in carrying any out. They had not seen any documentation relating to quality assurance. They said they had not been surveyed about the service but was aware that people that used the service were surveyed each year.

We looked at the quality assurance file held by the service and saw it contained evidence there was a quality monitoring plan for the year, audits had been carried out and surveys had been issued to people that used the service, their relatives and some placing local authority officers. There was also a business strategy document and a flow chart showing how the service would carry out its quality monitoring activity. The provider may find it useful to note that while audits were completed they had not identified the inefficiencies in the numbers of cleaning staff employed and a connection with poor infection control systems and standards.

We saw from surveys received from people and their relatives that questions had been answered positively with comments including, "We are both very happy with the care for mum", "It is all very nice at Lavender House, nice room and the food is good", "I am always made welcome, the staff are always on-hand. All is fine", "The staff are friendly, helpful and always available" and "I would like to suggest you tidy the car park".

We also saw in the file that 'resident' meetings had been held and were recorded as 'chatty affairs'. There was evidence that complaints had been addressed properly and they were categorised as 'serious' complaints or 'niggles'. There was a complaint procedure and forms for people to complete if necessary. Staff were aware of these systems in place. We also saw information that showed how staff training was planned and a record of when it had been completed and how bedroom and activity audits had been completed. We also saw 'thank you' cards they had received.

The provider may find it useful to note that the service had not analysed all of its information to determine the level of service performance and to plan for future improvements in the service delivery. This would enable people that used the service and relatives to understand what changes the service needed to make in order to improve. Otherwise the service had satisfactory systems in place to monitor and assess the care people received so the service could make improvements where they were identified.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010** **Cleanliness and infection control**
	How the regulation was not being met: The registered person had not, so far as reasonably practicable, ensured that (a) service users; (b) persons employed for the purpose of the carrying on of the regulated activity; and (c) others who may be at risk of exposure to a health care associated infection arising from the carrying on of the regulated activity, were protected against identifiable risks of acquiring such an infection by the means of the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection; and (c) the maintenance of appropriate standards of cleanliness and hygiene in relation to (i) premises occupied for the purpose of carrying on the regulated activity, (ii) equipment used for the purpose of carrying on the regulated activity, and (iii) materials to be used in the treatment of service users where such materials are at risk of being contaminated with a health care associated infection. Regulation 12(1)(2).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 28 January 2014.

CQC should be informed when compliance actions are complete.

This section is primarily information for the provider

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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