

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

Lavender Court

4 Beverley Road, Saltersgill, Middlesbrough, TS4
3LQ

Date of Inspection: 27 April 2013

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2013

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

Respecting and involving people who use services ✓ Met this standard

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

Safeguarding people who use services from abuse ✓ Met this standard

Staffing ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Hornby Healthcare Limited
Registered Manager	Ms. Elaine Henman
Overview of the service	Lavender Court is a modern purpose built single storey facility. The home provides care and accommodation for up to 18 older people. It has car parking to the front and enclosed gardens to the rear. It is close to the local facilities and bus routes.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 27 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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

What people told us and what we found

During the inspection we spoke with four people who used the service and two relatives. We also spoke with the unit leader and two of the care staff on duty.

The people we spoke with told us they were happy with care they receive. People told us they were involved in their care planning and able to make their own choices. One person told us, "I am quiet happy here, this is a new life here for me, and I can go out if and when I want to." Another person said, "You get to know the staff, the home is small and friendly I like living here." A relative we spoke with told us, "I am very impressed with everything here."

We observed the experiences of people who used the service. We saw that staff treated people with dignity and respect. We saw that staff interacted and communicated well with people. The staff were attentive and demonstrated knowledge and understanding of people's needs.

We saw that people had their needs assessed and that care plans were in place.

We found that people were safeguarded against the risk of abuse.

We found that appropriate staffing was in place to deliver people's care.

We found that systems were in place to deal with comments and complaints.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During the inspection we spent time observing the interaction between people living at the home and staff. People were treated kindly and we observed staff chatting respectfully with people. We saw staff offering people choice and asking them what they wanted to eat and drink.

The four people we spoke with expressed satisfaction with the care and service they received at Lavender Court. One person we spoke with told us, "The staff are very respectful, they always ask you what you want, they give you lots of choices." A relative we spoke with told us, "I am pleased with the care. People are looked after well and the food is good and sustaining with lots of choice."

During the inspection we sat in a communal area so that we could observe both staff and people who used the service. To assist in this process we used a tool known as the short observational tool for inspection (SOFI). We saw that staff communicated well with people and we heard explanations of care given to people in a way that could be easily understood. We saw that staff were attentive to people's needs.

We spoke with three members of staff during the inspection. The staff demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. In the three care plans we looked at, we saw that people's choice and preferences were well documented.

We saw that there were opportunities for people to be involved in a range of social and recreational activities. We did not see a formal activities programme displayed, however we observed activities being carried out during the inspection. We observed people being given a choice as to what activities they did. We saw documented evidence that regular varied activities are undertaken in Lavender court on a daily basis over the past three months. The people we spoke with confirmed this. One lady we spoke with told us she had won the Easter bonnet competition and we saw photographs of this event.

During the inspection we looked at the care records of three people who used the service. Care plans we reviewed contained evidence of personal choice and preferences. Care plans recorded what time people liked to get up or go to bed and what food they liked or disliked. There was evidence that people and their families had contributed to their assessments. One relative we spoke with told us, "The staff go through and check people's personal choices with you, if I ask for something they respond to peoples needs immediately."

This demonstrated that people who used the service were involved in making decisions about their care and support.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During our visit we reviewed the care records of three people who used the service. People and the two relatives we spoke with were very complimentary about the staff, care and service that they received. One person said, "I know I have a care plan and I can talk to the staff and discuss it with them, I am happy with the care here." A relative we spoke with told us, "We chose this home and we are happy, the staff explained the care plan to me, they always ask and check things with me."

We found the care plans contained a range of assessments which identified how people's needs should be met. Examples of assessments included; falls, nutrition, sleeping, continence and moving and handling. Care plans had been developed, which detailed how to meet the person's care and treatment needs. Care plans contained information about the person's likes, dislikes and personal choice. This meant that the care and treatment needs of people who used the service were delivered in the way they wanted it to be.

We saw that care plans were reviewed on a regular basis and that people had their weight taken on a monthly basis or more often if required. We saw that people were being allocated to a named key worker. We looked at people's bedrooms and in two people's bedrooms we saw that their key worker's photograph was displayed. This helped people to remember who their key worker was. We saw evidence that the key workers had regularly reviewed the care plans. This regular review ensured that care plans were up to date and accurate. This meant the risk of people receiving unsafe or inappropriate care was reduced.

A daily record of the care provided was maintained as well as details of contact with members of the multi-disciplinary team, for example the district nurses, chiropodists and GPs.

We spoke with the unit leader and two members of staff about the care they provided to people in the home. The staff were aware of how to support people and meet their individual care needs. One member of staff told us, "I check the care plans and read them, if I don't understand something I always check with the senior person on duty." We

observed staff providing care and support to people throughout the inspection. They engaged people in conversation and people were seen to respond positively to this. This contributed to maintaining people's welfare and promoting their wellbeing.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During the inspection we spoke with the unit leader and two members of staff who were aware of the different types of abuse and what would constitute poor safeguarding practice. They told us that they had received training on safeguarding. The staff we spoke with were clear of what action to take and procedures to follow if abuse was suspected. People who used the service that we spoke with told us that they felt safe.

The unit manager showed us the safeguarding policy which provided a stepped approach for staff of what to do should abuse be suspected. We discussed the whistle blowing procedure with staff and the unit leader showed us the policy. Whistle blowing is when a worker reports suspected wrongdoing at work, this is called 'making a disclosure in the public interest'. The staff we spoke with were confident that they would raise any concerns with the senior staff and it would be acted upon.

People who used the service and relatives were aware of who to speak with should they need to raise a concern. One person said, "I would raise it immediately with the person in charge."

In the three care plans we looked at we saw that an assessment of people's mental capacity had been done. Some of the people who used the service lacked capacity to make their own decisions, so staff at times might need to decide what would be in their best interests.

We spoke with the unit leader and two care staff who had a good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards. The staff told us they would involve family to help with any decision making, if a person was unable to do this independently. Evidence of family involvement was seen in care files looked at during the visit.

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 people's needs.

Reasons for our judgement

During this inspection we had a discussion with the unit leader and two members of staff about the staffing arrangements for the service. We reviewed the duty rota and looked at the skill mix of staff on duty and in the weeks ahead. We looked at the duty rotas for care staff, catering staff, domestic, laundry and handyman employed in the home.

At the time of our visit there was the unit leader, three care staff, one cook, a domestic and handyman on duty. This reflected what was recorded as the staffing levels required for the shift.

We asked the unit leader how the staffing needs for the service were established. They told us the manager tried to work on a ratio of one care staff to 5.5 people using the service during the day. The unit leader wasn't sure if an approved tool was used in assessing people's level of dependency. However, when we asked what support people required the staff were able to provide information about people's level of dependency. One member of staff we spoke with told us that if they felt more staff were required they would contact the manager and ask for more staffing.

The people, relatives and staff we spoke with told us that they felt there were sufficient staff. We saw evidence that all staff received training to enable them to deliver the care required by people living in the home. We spoke with a new member of staff who told us they had undergone an induction period and were able to shadow staff to gain more confidence.

During this inspection, we found there were sufficient qualified, skilled and experienced staff to meet people's needs.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

During the Inspection we looked at the complaints procedure of the service, which informed people how and who to make a complaint to. The procedure gave clear timescales for acknowledging and investigating any complaints made. There was an action plan template and register for complaints. We looked at the register of complaints and found that there had been no complaints over the past twelve months. We saw that the complaint procedure was displayed on the notice board in the home.

People and relatives who we spoke with during the inspection said they were aware of how to make a complaint. One person we spoke with told us, "If I was unhappy with anything I'd speak to the manager." A relative we spoke with told us, "There have been a few little niggles that I discussed with the manager but it was all sorted out, I am very happy with things." We spoke with three people who used the service during the inspection. They told us that they were able to raise any concerns with the manager.

The staff we spoke with were knowledgeable and confident in making and dealing with complaints.

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.

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