

Karelink Limited

Lavender Court

Inspection report

556 - 558 Wolverhampton Road East
Wolverhampton
West Midlands
WV4 6AA

Tel: 01902621721

Date of inspection visit:
31 October 2023

Date of publication:
15 November 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They made telephone calls to relatives.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection, including notifications the provider had sent to us. We also gathered feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 4 people and 10 relatives or friends. We spoke with the registered manager, the deputy manager, 1 senior and 3 care staff. We looked at the care records for 6 people. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within the service and staff recruitment checks.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lavender Court

Detailed findings

Background to this inspection

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Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Improvements had been made since our last inspection and individual risks to people were assessed, monitored and reviewed. People had detailed plans in place identifying when they were at risk and actions taken to keep people safe. For example, when people were at risk of falls or developing sore skin.
- People told us they felt safe living at Lavender Court. One person said, "I feel safe with the staff, they know me well and what my needs are." Relatives raised no concerns over safety.
- Staff knew people and their risks well and were able to provide information about people and the support they needed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Medicines management

- Medicines were stored, managed and administered in a safe way. There were systems in place to ensure people received these when needed.
- People told us, and we saw medicines were administered to people when needed. One person said, "The staff are good and look after my medicines, it helps me as I would probably forget to take them, they never forget to give them to me."
- When people had 'as required medicines' there were detailed protocols in place stating when these should be administered, and records confirmed people received these when needed.
- Staff told us they had received training and their competency was checked every year to ensure they were safe to administer people's medicines..

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place and followed when needed. We saw when needed incidents had

been investigated or reported appropriately.

- Staff knew how to recognise and report potential abuse and told us they had received training. One staff member said, "It's protecting vulnerable people, like the people that live here." Staff told us the process they would follow to raise concerns and felt action would be taken if they raised concerns.

Staffing and recruitment

- There were enough staff available for people and they did not have to wait for support. One person said, "There are enough staff, when I press my buzzer they come, I may wait a few minutes for them to get here but nothing worth worrying about." A relative told us, "There's always plenty of staff when I go. I can't fault the place if I'm honest."
- Staff were available for people in communal spaces and when people asked for support with meals and tasks this was provided promptly.
- There was a system in place to ensure there were enough staff available for people.
- Staff received the relevant pre-employment checks, including references and Disclosure and Barring Service (DBS) checks before they could start working in the home to ensure they were safe to do so. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions placed on visiting and visitors could access the home freely.

Learning lessons when things go wrong

- Lessons had been learnt when things went wrong. This included when incidents occurred, or safeguarding incidents had been raised. The information was reviewed and considered to see if anything could be completed differently if it reoccurred.

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 our last inspection we rated this key question good. At this inspection the rating 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.

Continuous learning and improving care

- There were systems in place to govern the service and the care people receive. Audits were consistently completed within the home, they covered areas such as medicines management, infection control and mealtime audits. The findings from the audits were used to drive improvements and make changes to the service.
- Where areas of improvements had been identified, action plans were in place and these had been shared with the providers, to ensure action was taken.

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

- Staff felt supported to by the registered manager. They told us they had the opportunity to raise concerns by attending individual supervisions and team meetings. One staff member said, "I have no concerns, I know who the manager is, they are there if we need and anything and I am confident they would take action where they could."
- Staff understood their roles and responsibilities and there were clear lines of delegation.
- The rating from the previous inspection was displayed in the home in line with regulatory requirements.
- The registered manager had notified us about events that had happened within the service, as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke positively about their experiences of the home, the registered manager and the care they received. A relative told us, "For how busy it is I think it is very well managed and it's always well-staffed. You never hear them say they can't do something because they are short staffed. They always try and help you if you need anything doing."
- Records we reviewed confirmed that staff worked closely with people and professionals to ensure they received good care that resulted in positive outcomes for people. For example, with support we saw how 1 persons mobility had improved since a hospital admission.
- A positive culture was reflected by the management team across the service which was embraced by staff.

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

- People and relatives felt listened to by the registered manager and staff and they had the opportunity to offer feedback on the service through attending regular meetings and completing surveys. The information

received was positive and this was displayed within the home.

- People had assessments in place and their care was delivered in line with their assessed needs. This considered people's gender, culture and religion.
- Records showed people and those important to them were involved throughout the process.

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

- Duty of candour requirements were understood and met by the registered manager. When needed they worked openly with people and their families to ensure information was shared.

Working in partnership with others

- The service worked with other agencies to ensure people received the care they needed. The registered manager contacted the local authorities and the local clinical commissioning groups for support and advice to ensure best practice was delivered within the home.