Compassionate Care Home Ltd

Lavender Lodge

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

This inspection took place on 21 November 2017 and was unannounced. Lavender Lodge is a 'care home' and provides accommodation for up to 20 people living with dementia. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 18 people living at the service on the day of our inspection.

This is the first inspection of the service since there was a change of provider.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager told us the service had been through a significant period of change since the change of ownership in 2015, with a new registered manager and deputy manager, and a number of changes to the staff. There was an ongoing plan being followed to improve the environment in which people lived. Improvements already made had included redecoration, new floorings, new furnishings, a review of security with new locks and keypads, a new call bell system, setting up a new sensory room and the provision of two new wet rooms. There was a maintenance programme in place which ensured repairs were carried out in a timely way, and checks were completed on equipment and services. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager.

People and their relatives told us they felt people were safe. They felt it was somewhere where they could raise concerns and they would be listened to. A relative told us, "Nothing is cosmetic, it is all functional, it happens. With security comes contentment in spite of the dementia." Another relative told us, "I bought my mother here for safety now I have peace of mind. She can walk downstairs alone but she is well supervised. She can wash herself but they supervise her bathing." Policies and procedures were in place to safeguard people. Staff were aware of what actions they needed to take in the event of a safeguarding concern being raised. Medicines were stored correctly and there were systems to manage medicine safely. Audits and stock checks were completed to ensure people received their medicines as prescribed.

People's individual care and support needs were assessed before they moved into the service. Relatives told us where possible people had been involved in making decisions about their care and treatment and they had also felt listened to. Care and support provided was personalised and based on the identified needs of each individual. Personalisation and person centred care focused on people having choice and control in their life, and was at the forefront of the care delivered. People's care and support plans and risk assessments were detailed and reviewed regularly giving clear guidance for care staff to follow. People's healthcare needs were monitored and they had access to health care professionals when they needed to.

Consent was sought from people with regard to the care that was delivered. All staff understood about

people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation. Staff told us they always asked for people's consent before they provided any care and support.

People, relatives and staff told us staffing levels were sufficient. The registered manager monitored people's dependency in relation to the level of staffing needed to ensure people's care and support needs were met. People were cared for by staff who had been recruited through safe procedures. Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Training records were kept up-to-date, plans were in place to promote good practice and develop the knowledge and skills of staff. Staff told us that communication throughout the service was good and included comprehensive handovers at the beginning of each shift and regular staff meetings. They had received supervision and appraisal. They felt they knew people's care and support needs and were kept informed of any changes. They confirmed that they felt valued and supported by the managers, who they described as very approachable. They told us the team worked well together.

People were treated with respect and dignity by the staff. They were spoken with and supported in a sensitive, respectful and professional manner.

There was a positive culture in the service. Staff were involved and updated about changes at the service through meetings and at handovers each day. The registered manager had a good oversight of the service and knew where changes and improvements were needed. People and their representatives were asked to complete a satisfaction questionnaire. The registered manager told us feedback from this had been used to inform the refurbishment programme in the service. They also told us that they operated an 'open door policy' so people living in the service, staff and visitors could discuss any issues they may have. One member of staff told us, "I love it here." Another member of staff told us, "It's a big family. (Registered manager's name) is excellent."

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.

People confirmed they felt safe living at Lavender Lodge. The building and equipment had been subject to regular maintenance checks.

People were cared for by staff recruited through safe recruitment procedures. Staffing levels were monitored to ensure there were enough staff to meet people's care needs.

People had individual assessments of potential risks to their health and welfare, which had been regularly reviewed.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were aware of their responsibilities from the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) Where people lacked capacity to make decisions about their care and treatment this had been considered in their best interests.

Staff had a good understanding of peoples care and support needs. People were supported by staff that had the necessary skills and knowledge.

People were supported to make decisions about what they wanted to eat and drink and to stay healthy. They had access to health care professionals when they needed them.

Is the service caring?

Good

The service was caring.

Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked regularly about their individual preferences and checks were carried out to

make sure they were receiving the care and support they needed.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes, including on the best way to communicate with people.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People and their relatives felt able to make a complaint and were confident they would be listened to and any concern would be acted on.

Is the service well-led?

Good

The service was well led.

The leadership and management promoted a caring and inclusive culture. Staff told us the management and leadership of the service was approachable and very supportive.

Quality assurance was used to monitor and to help improve standards of service delivery. People were able to comment on and be involved with the service provided and to influence changes to improve the service.

Lavender Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 November 2017 and was unannounced.

The inspection team consisted of two inspectors 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. The expert by experience helped us to get feedback from people being supported and their relatives.

Before the inspection, we reviewed information we held about the service. This included any notifications and complaints we had received. A notification is information about important events which the service is required to send us by law. We requested the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke to the local authority commissioning team who have responsibility for monitoring the quality and safety of the service provided to local authority funded people. This helped us to plan our inspection.

We used a number of different methods to help us understand the views and experiences of people, as not all were able to tell us about their experiences as they were living with dementia. We spoke with 13 people individually or in a group setting. We spoke with the registered manager, the deputy manager, a senior care staff, three care staff, a chef and a domestic assistant. We also spoke with two relatives and three visiting health and social care professionals. We looked around the service in general including the communal areas, and a sample of people's bedrooms, and the garden. We observed the lunchtime experience for people, observed the administration of medicines, and the care and support provided in the communal areas, and activity sessions. We looked at menus and records of meals provided, medicines administration records, the compliments and complaints log, incident and accidents records, records for the maintenance and testing of the building and equipment, policies and procedures, meeting minutes, staff training records and five staff recruitment records. We also looked at five care plans and supporting risk assessments along

with other relevant documentation to support our findings. We 'pathway tracked' people living at Lavender Lodge. This is when we looked at their care documentation in depth and obtained their views on how they found living at Lavender Lodge. It is an important part of our inspection, as it allowed us to capture information about a selected group of people receiving care. We also looked at the provider's own improvement plan and quality assurance audits.

This is the first inspection since there was a change in provider for the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt people were safe, happy and were well treated in Lavender Lodge. One person told us, "I can ring my bell and they come quick but I try not to bother them." A relative told us, "I spent a lot of time researching care homes when her previous one closed. I was lucky to get her in here. I ensure she is safe. I inspect her room. There are no dangers. Everything has improved in the last three years since management and ownership changed. Lavender Lodge is the safest place to be. Even the level of hygiene has improved. The furniture is always clean and they can have special things around them." Another relative told us, "It is a safe place because access and exit is strictly controlled. You have to find someone to let you out."

Risks associated with the safety of the environment and equipment were identified and managed appropriately. The premises were safe and well maintained. There was a maintenance programme in place which ensured repairs were carried out in a timely way, and checks were completed on equipment and services. The registered manager told us there were weekly checks of the fire alarm system in between the regular checks and maintenance made by an external company. There was an emergency on call rota of senior staff available for help and support. Contingency plans were in place to respond to any emergencies such as flood or fire. Personal emergency evacuation procedures (PEEPs) had been completed for all people. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

People and relatives told us that they felt the service was clean and well maintained. One person told us, "They clean my room every day." Systems were in place to ensure the cleanliness of the service. The most recent environmental health visit to the kitchen had awarded the service the rating of three stars, the top rating being five stars. Staff told us they had followed and completed the action plan following this visit. The registered manager told us of additional work which was currently ongoing for the upgrading of the kitchen to improve the working environment. During our inspection, we viewed people's rooms, communal areas, bathrooms and toilets. We saw that the service and its equipment were clean and well maintained. We saw that the service had an infection control policy and other related policies in place. There was an infection control 'champion' who had received additional training and guidance to undertake this role. Staff received regular infection control and food hygiene training. They were observed to use the appropriate protective equipment such as gloves and aprons when supporting people when providing meals. Staff told us that Protective Personal Equipment (PPE) such as aprons and gloves had been readily available. Sanitisers and hand-washing facilities were available, and information was displayed around the service that encouraged hand washing and the correct technique to be used. Additional relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control. The service had policies, procedures and systems in place for staff to follow, should there be an infection outbreak such as diarrhoea and vomiting. Any hazardous waste was stored securely and disposed of correctly.

People had individual assessments of potential risks to their health and welfare and these were reviewed regularly. Staff had used evidence based tools to assess people's needs and identify if people were at risk for

example, of falling, malnutrition and dehydration. Where any risks were identified, staff were given clear guidance about how these should be managed. Staff also told us if they noticed changes in people's care needs, they would report these to the registered manager and a risk assessment would be reviewed or completed.

There were appropriate arrangements in place to ensure the safe management of medicines. A relative told us, "They always discuss medication about mental health with the social worker in collaboration with the GP (for advice and prescribing) Consent is important. Other medication is standard." Care staff were trained in the administration of medicines. Staff told us the system for medicines administration worked well in the service. Systems were in place to ensure repeat medicines were ordered in a timely way. The recording of medicines was electronic. A member of staff described how they completed the medicines administration records (MAR). MAR charts are the formal record of administration of medicine within a care setting. The electronic system used had a system to flag up any concerns. For example, should medicines administration not been recorded. Regular audits and stock checks were completed to ensure people received their medicines as prescribed. Where people took medicines on an 'as and when' basis (PRN) there was guidance in place for staff to follow to ensure this was administered correctly. We observed one member of staff administer PRN medicines. The member of staff demonstrated knowledge of people and their medicines for example for one person we observed the care staff dispensing the medication asking a person, "Are you in any pain?" They replied, "No."

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. The registered manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. They were aware they had to notify the CQC when safeguarding issues had arisen at the service in line with registration requirements, and therefore we could monitor that all appropriate action had been taken to safeguard people from harm. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse. Procedures were also in place to protect people from financial abuse. A relative told us, "They buy incidentals when needed and always gave him a receipt if required for his file at home." Another relative told us, "I have power of attorney and the manager and staff are very helpful there is a mutual feeling of trust."

People were cared for by staff who had been recruited through safe recruitment procedures. Where staff had applied to work at Lavender Lodge they had completed an application form and attended an interview. Each member of staff had undergone a criminal records check and had two written references requested. This meant that all the information required had been available for a decision to be made as to the suitability of a person to work with adults. Staffing levels were regularly assessed, or when the needs of people changed, to ensure people's safety. The registered manager told us there was currently only one staff vacancy in the service. Where there was a staff vacancy and to cover any staff absence existing care staff or the registered manager covered to ensure consistency for people. Relatives told us there were enough staff on duty to meet people's needs. On the day of the inspection, we observed Lavender Lodge to be calm with a relaxing atmosphere. Staff members did not appear to be busy or rushing around. From our observations, people received care in a timely manner.

Good

Is the service effective?

Our findings

Relatives told us they felt the care was good and people's health care needs had been met. A compliment received in the service detailed, 'I have visited lavender Lodge on several occasions recently. I have found the staff very helpful and they are very caring towards the residents. There is good team work. (Registered manager's name) and the team are very passionate about the client group. (Registered manager's name) is very proactive in looking for updated research in dementia care to improve the life of the residents.'

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. We checked whether the staff were working within the principles of the MCA. Staff understood the principles of the MCA. They were aware that any decisions made for people who lacked capacity had to be in their best interests. They gave us examples of how they would follow appropriate procedures in practice. There were clear policies around the MCA. Care staff told us they had completed this training and all had a good understanding of the need for people to consent to any care or treatment to be provided. Care staff confirmed they always asked for people's consent before they undertook any care or treatment. We observed during the medicines round one person refused their medicine. The person administering the medicine tried to persuade them with no success. They decided to wait awhile. There was an agreement the person could be given their medicine covertly, but they tried again fifteen minutes later and the person took their medicine with some gentle encouragement.

The registered manager told us they were aware of how to make an application and about the DoLS applications that had already been made and had been agreed. They were monitoring and ensuring these were being followed and updated as required. Care staff told us they had completed this training and had a good understanding of what this meant for people to have a DoLS application agreed, and they were clear who had been put forward for a DoLS application. People's records also highlighted to care staff who had a DoLS in place, or if there were any actions they had to follow to support people where an application had been agreed. Bed rail risk assessments were in place for people where bed rails were used and where possible people had consented to their use.

People were supported to receive effective care because care was delivered in line with current legislation, standards and evidence based-guidance. There were named' champions' in various areas such as in infection control, nutrition/hydration, communication, diabetes, MCA, equality activities, manual handling and person centred care. They actively supported staff to ensure people were cared for in a way that promoted their wellbeing. The registered manager was working with the 'champions 'in their supervision to research up-to-date information and guidance to support them in their role. The registered manager had been creative and hands on in supporting the staff to develop their skills in moving and handling. In order to deliver continuous training and improvement in this area they had completed a moving and handling 'Train the trainer' course. This ensured that staff were kept up to date with best practice and enabled on the spot

training and skills development to take place within the service when required. They had completed a Diploma in Dementia Care level 3. They told us how they had used this information to support staff in the care provided. There were equality and diversity policies in place which helped staff promote people's equality, diversity and human rights. The provider was implementing new technology to improve people's lives. For example, a computerised system had been introduced to support the administration of medicines.

People were supported by care staff that had the knowledge and skills to carry out their role and meet people's individual care and support needs. The registered manager told us all care staff completed an induction before they supported people. This incorporated the requirements of the care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a period of shadowing a more experienced staff member before new care staff started to undertake care on their own.

Staff received training to ensure they had the knowledge and skills to meet the care needs of people living in the service. Care staff received training that was specific to the needs of people using the service, which included training in moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, infection control and dementia care. The training completed was given through a mixture of online learning packages or practical sessions. Support and guidance had also been provided to staff from the dementia in reach team, a group of professionals who supported staff working in care homes. Care staff told us their training was up-to-date and had helped them understand and support people.

Staff told us that the team worked well together and that communication was good. They told us they were involved with any review of the care and support plans. They used shift handovers, and a communications book to share and update themselves of any changes in people's care. They told us they were provided with supervision and appraisal. This was through one-to-one meetings. These processes gave care staff an opportunity to discuss their performance to identify any further training or support they required. There was supervision and appraisal plan in place which the registered manager followed to ensure staff had regular supervision and appraisal. Additionally there were regular staff meetings to keep staff up-to-date and discuss issues within the service. There was an employee of the month award. This was where staff and people living in the service or their relatives could nominate a member of staff who had been deemed to have worked above and beyond during the month.

The provider and registered manager had a good understanding that an older person with dementia could perceive their surroundings differently and it was important when designing and planning refurbishments. Good planning and design can help in making it easier for people to interpret and navigate a service in safety, and the use of colour and contrast can be used in different ways to assist in this. People's individual needs were met through the design of the premises. One visiting professional told us, "They are thinking about the environment. She (The registered manager) loves this home and wants the best for the residents. It's all being run to be a lovely environment." Lavender Lodge was an old building which had been adapted and enlarged over the years. Level access was facilitated by ramps into the service and out into the garden. A passenger lift and stair lift was available inside to facilitate level access. There was an ongoing improvement plan in place to improve the environment in which people lived. Pictures and decorations used to ensure an environment friendly for people living with dementia. One visiting health and social care professional told us, "They put pictures of residents on their bedrooms so they know it's their room, my place. There are decorations which people can look at and reminisce." Visual aids in communal areas helped to support orientation of people with dementia to move around the home and increase their awareness of their environment. Most people required the support of staff to move within the service. People were supported to spend time alone or with others throughout the day. When people had visitors they were supported to

spend time with them in private in their bedrooms or remain in the lounge. There was outside seating if people wished to go outdoors when the weather was fine. The registered manager had identified more space was needed for people if they wanted a quiet area to sit instead of in the main lounge, which could be noisy and activities facilitated. To facilitate this the existing lounge had been divided into two and a new sensory room had been created. They told us," I did not want people to think they had to go back to their bedrooms."

People's nutritional needs were assessed and recorded, and people's likes and dislikes had been discussed as part of the admissions process. People's risk of malnourishment was assessed and reviewed on a monthly basis. The provider used a screening tool to identify anyone who may be significant risk of malnourishment or experiencing weight loss. Where people had lost weight guidance was in place which included for fortified snacks and drinks to be offered in-between meal times. Food and fluid charts were in place for care staff to record people's nutritional intake. This enabled staff to monitor people's food and fluid intake and identify where people may need additional encouragement. Records were accurately maintained to detail what people ate to inform staff if people had had adequate food and fluid during the day. This was to ensure care staff had a clear and full picture of if people had received adequate fluids during the day to maintain their wellbeing. People's weights were monitored regularly with people's permission and there were clear procedures in place regarding the actions to be taken if there were concerns about a person's weight.

A menu was in place and people were supported to make their choice either verbally or by using pictorial prompts. People and their relatives spoke well of the food provided. The chef told us there was a monthly rotating menu, which was based on people's likes and dislikes. They had been working with people and their relatives to meet specific dietary needs. The menus detailed two main courses including vegetarian options and salads were available. The chef showed us they had information available on the dietary requirements and likes and dislikes of each person. Additionally staff told us of support given to people to meet their individual dietary needs which had included enlisting the support and guidance from a speech and language therapist (SALT.) This showed us that staff were aware of individual's preferences, needs and nutritional requirements. People were asked to select from the choice available. Lunchtime was relaxed and people were considerately supported to move to the dining area, or could choose to eat in their bedroom. People were encouraged to be independent throughout the meal and staff were available if people wanted support, or extra food or drinks. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation. Care staff were seen checking that people in the dining room and their own rooms were eating, assisting where necessary.

Staff were attentive to changes in people's health needs and responded to them in a timely and appropriate way. One person told us, "I went to the optician and he gave me glasses for reading." People's health and wellbeing was monitored on a day to day basis. Staff understood the importance of monitoring people for any signs of deterioration or if they required medical attention. Care plans contained multi-disciplinary notes which recorded when healthcare professionals visited such as GPs, or nursing staff and when referrals had been made. Feedback from the healthcare professional we spoke with supported this. Care staff told us that they knew the people well and if they found a person was poorly they should report this to the registered manager. People were supported to maintain good health and received ongoing healthcare support. A relative told us, "They called me immediately and summoned the GP when mother's skin flared up. She has needs special attention. Today they have told me the result. She is having steroids and special cream. She is to have a blood test and the GP will call in again to check her condition. You cannot fault them in anyway or ask for better."

Good

Is the service caring?

Our findings

People, relatives, visiting professionals and observations during then inspection told us people were treated with kindness and compassion in their day-to-day care. One person told us, "They always look in on me and give me a cuddle and see if I am OK." Another person told us, "I have everything I want here. A big room, and a lovely view. I can watch the lights at night and they are lovely people. "A relative said "It is a pleasure to see them so tactile and genuine." They told us they were satisfied with the care and support people received. They were happy and they liked the staff. A compliment received in the service detailed, 'I would like to thank (Registered manager's name) and all the staff for their care and support to both Dad and myself. They really do care." Another compliment received detailed, 'Thank you to (Staff member's name) for showing me around today. Lovely home, friendly staff that are doing an amazing job. Great atmosphere and lovely to see the residents enjoying lunch.' A visiting professional told us, "(Registered manager's name) loves the home and wants the best for her residents. It's all being run to be a homely environment."

People were listened to and enabled to make choices about their care and treatment. Staff told us there was now a real drive towards person centred care being provided. Staff ensured they asked people if they were happy to have any care or support provided. For example, we observed staff informing and encouraging people to take part in the activities arranged on that day. Staff provided care in a kind, compassionate and sensitive way. They answered questions, gave explanations and offered reassurance to people who were anxious. Staff responded to people politely, giving people time to respond and asking what they wanted to do and giving choices. They all responded to requests even when not directly associated with their role. They chatted in a friendly loving way. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listened to people, and there was a close and supportive relationship between them. Not many people knew the name of the registered manager, but they all knew her and responded to her. She knew every one of the people living in the service and told us about one relative, whose wife had died at Lavender Lodge and how he brought flowers every Friday and told us, "He is invited to have lunch free of charge."

Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to their needs and preferences. People were supported to be involved in the recruitment of new staff in the service. The registered manager told us, "They ask a question and interact. It's important they like people." English was not the first language for two people, although both could converse in English. One member of staff had taken the time to learn some words in their native languages to converse with them and make them feel at home. For this they had been awarded the 'Employee of the month' award. The registered manager told us how they had started to implement 'Three wishes 'for people. This was where people could request up to three wishes for something they would like to see or do. For one person who had been in the RAF they had requested to see someone working in the RAF. Staff had arranged for someone currently working in the RAF to visit the service in full uniform and spend time with the person.

Staff demonstrated a strong commitment to providing compassionate care. From talking with people and

staff, it was clear that they knew people well and had a good understanding of how best to support them. Staff recognised the importance of promoting people's identity and individuality. People's rooms were personalised with their belongings and memorabilia. People had their photographs and other items that were important to them. People were consulted with and encouraged to make decisions about their care. They also told us they felt listened to. People's personal histories were recorded in their care files to help staff gain an understanding of the personal life histories of people and how it affected them today. Care staff demonstrated they were knowledgeable about people's likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service.

Throughout the inspection, people were observed moving around the service and spending time in the lounge or dining area. People were supported to maintain their personal and physical appearance. They were dressed in the clothes they preferred and in the way they wanted. One member of staff who was a hairdresser came in on their day off to help people with their hair. They told us they were helping whist a new hairdresser was sought to come into the service. When people returned to the lounge after having their hair done they received lots of compliments from the other people sitting in there. One person commented, "You look beautiful." It was a family like occasion. One relative told us, "These girls are very good. Some care homes are too clinical but Lavender Lodge has a balance between care and empathy. "

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. We looked at the arrangements in place to protect and uphold people's confidentiality, privacy and dignity. One relative told us, "They have good understanding of problems. My relative had a little incontinence and would not come out of her room. But they handled it well and her dignity was not compromised and she is OK." Staff members had a firm understanding of the principles of privacy and dignity. As part of staff's induction this was covered and the registered manager undertook checks to ensure staff were adhering to the principles of privacy and dignity. Staff demonstrated they were aware of the importance of protecting people's private information.

People had been supported to keep in contact with their family and friends. Relatives told us they were free to visit and keep in contact with their family members. They said they were made to welcome when they visited. Throughout the inspection, we saw relatives coming and going, spending time with their loved ones in the communal areas or the person's own bedroom. The registered manager was able to confirm they knew how to support people and had information on how to access an advocacy service should people require this service. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Good

Is the service responsive?

Our findings

People and their relatives were encouraged to raise any concerns and told us they felt it was an environment in which they could raise any concerns. A relative said, "I have filled in a questionnaire a long time ago. You can talk to the manager anytime. It is not really necessary." Relatives and visiting professionals told us that staff remained responsive to people's needs. People received care that was person-centred and reflected their individual choices. Staff knew people well; they had a good understanding of them as individuals, their daily routine, likes and dislikes.

The registered manager completed a detailed assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. Pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Life histories were completed with the family. Documentation confirmed people or their relatives were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. One relative told us, "I can talk to them about anything. Before she came here the manager came to visit and explained everything. They assessed her medical needs .They were extremely helpful. I have no concerns. She is settled but looks forward to me taking her out. She loves everyone here. We made a list of all her likes and dislikes and previous history." The care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs. For example for one person the sleeping assessment recorded, '(Person's name) likes two pillows.' Care plans were reviewed regularly and updated as and when required. One relative told us, "I was involved in her care plan and when we had a review I asked for a copy for the file I keep at home. Her sister is in America and I keep her informed. I have not seen any deterioration since she came here. They always ring me when necessary. Perhaps not to come because of infectious colds etc. That is appreciated." A visiting professional told us, "Registered manager's name) took on board the advice given to her. I came back and checked all the changes had been made. She did make some changes to the residents, and it quickly started to work. She worked hard to ensure the care plan reflected the person's needs."

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had ensured people communication needs had been identified and met. The registered manager told us this was looked at as part of the comprehensive initial assessment completed. People's care plans contained details of the best way to communicate with them. The registered manager described to us how visual prompts such as a pictorial menu had been used. Also writing on the black board, the use of flash cards and large print for example, for crosswords. They also told us the importance of keeping people's glasses clean and checked.

People living at Lavender Lodge had fulfilling lives because they were engaged in activities that were meaningful to them. A visiting professional told us about the person they had come to visit. "She is doing

very well. She loves the food, and staff have been really understanding of her needs and keep her busy. She is very happy and content." Another visiting professional told us about the person they had come to visit, "She sweeps the floor and folds the napkins. She is very caring and checks everyone has a drink." Staff had facilitated creative ways to enable people to live life to the full and continued do things they enjoyed. An activities co-ordinator arranged activities in the service during the week. Or external groups or entertainers were booked to come in and entertain people. One member of staff told us, "It's the best job in the world. To make people smile. To find out what motivates people as an individual." A relative told us about the activities co-ordinator, "(Staff member's name) is an absolute Star." Another relative told us, "She (Member of staff) is dedicated." Activities included lantern making, word games and quizzes, balloon games, musical bingo, balloon games, active brains and memory games, scatter board topic cards, and autumn reminiscence where people looked at colourful leaves, and discussed words which reminded them of autumn. One member of staff told us, "We love balloons. We do something different every day. We do a lot of word games to get the brain going. I have learnt the guitar and I bring it in and we sing songs to get everyone going. We do gardening. We used trolleys so everyone could get their hands in the earth. We make them smile and keep them happy." On the day of the inspection, we observed the activities. Everyone was involved in action or conversation. People loved the, 'Guess the song.' When given the opening line they all joined in heartily. In the afternoon an external musician entertained people with trumpet and banjo. People had percussion instruments for participation. Several people joined the activities co-ordinator in dancing. It was a lively, jovial occasion with a good rapport with the musician. Research has shown that people can be comforted by the presence of animals and visits from a PAT (Pets as therapy) dog can be therapeutic for people. With this in mind there were regular visits by a PAT dog. Activity logs had been completed to record what activities people had been involved in and reactions to an activity were recorded .There were comments on mood and participation and satisfaction. Lists of activities and their popularity were recorded e.g. Visit to a garden centre where people smelt the lavender. This feedback was used to help inform care staff of the activities people had liked and joined in.

No one at the time of the inspection required end of life care. The registered manager told us peoples' end of life care would be discussed and planned and their wishes respected. People were able to remain at the service and were supported until the end of their lives. One member of staff had just completed a course on end of life care, they told us the intention was to use the information in the service to develop the end of life care provided, and share the information and good practice with staff to support them when providing this care.

There were systems in place to record any compliments, concerns or complaints. People and their relatives were encouraged to raise any concerns and knew who to speck to if they had any concerns. One relative told us," I would see the manager if necessary and talk it over." People were made aware of the complaints procedures which detailed how staff would deal with any complaints and the timescales for a response. It also gave details of external agencies that people could complain to. Care staff was aware that if people or their visitors had any concerns these should be discussed with the registered manager. The registered manager told us, "I promote an open door policy and actively encourage and support residents and their families to come and see me."

Good

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well led. A relative told us, "The manager is very approachable and very capable without being over-powering." One visiting professional told us, "This has been transformed into a home, not a care home. (Registered manager's name) is a very hardworking lady. She likes feedback. She is determined to get things right for the residents. The fact she is still here is a plus for continuity and enabling changes to take place. She is very passionate."

Relatives, staff and visiting professionals spoke highly of the registered manager. There was a clear management structure with identified leadership roles. The registered manager was supported by a deputy manager and a senior care staff. The management team promoted an open and inclusive culture by ensuring people, their representatives, and staff were able to comment on the standard of care and influence the care provided. Staff said they felt well supported within their roles and described an 'open door' management approach. They told us the registered manager was approachable, knew the service well and would act on any issues raised with them. They were encouraged to ask questions, discuss suggestions and address problems or concerns with management including any issues in relation to equality, diversity and human rights. Staff supervision, appraisals and staff meetings had provided the opportunity to both discuss any problems arising within the service, as well as to reflect on any incidents. These provided staff with the forum of making any suggestions or raising any concerns. Staff confirmed that any suggestions were listened to and acted upon. The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached any concerns as a team. Staff had also had the opportunity to complete a quality assurance questionnaire. Following feedback received the 'Employee of the Month' award was started. Feedback from visiting professionals was that staff in the service worked well with them.

The registered manager carried out a range of internal audits, including care planning, checks that people were receiving the care they needed, medication, health and safety and infection control. They were able to show us that following the audits any areas identified for improvement had been collated into an action plan, work completed to address any shortfalls and how and when these had been addressed. Accidents and incidents were recorded and staff knew how and where to record the information. Remedial action was taken and any learning outcomes were logged. Steps were then taken to prevent similar events from happening in the future. People and their relatives had had the opportunity to comment on the care provided through quality assurance questionnaires. A regular newsletter was also used to keep people and their relatives up-to-date as to what was happening in the service. For example, one newsletter detailed, '(Activity co-ordinators name) has been working hard to introduce new activities to the home and informed outside professionals to help us improve our way of thinking living well with dementia.' We saw staff also liaised regularly with the Local Authority, and had had the support from the Dementia In-Reach Service in order to share information and learning around local issues and best practice in care delivery. Additionally, staff engaged with the local community for example with external entertainers coming in for people's enjoyment.

Policies and procedures were in place for staff to follow. The registered manager was able to show us how they had sourced current information and good practice guidance, which had been used to inform the regular updates of the services policies and procedures.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services. Staff had a good understanding of equality, diversity and human rights gained through training and detailed policies and procedures. Feedback from staff indicated that the protection of people's rights was embedded into practice.

The organisation's mission statement was incorporated in to the recruitment and induction of any new staff. The mission statement was detailed in the service user's guide for people, visitors and staff to read. The aim of staff working in the service was, 'To offer person centred residential care, which is a further part of a person's life. In a safe, comfortable, friendly and caring environment.' Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, and diversity and understood the importance of respecting people's privacy and dignity.

The registered manager spoke the provider providing them with good support. They understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of their responsibilities people's under the Duty of Candour. This is where providers are required to ensure the there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people) when things go wrong with care and treatment. The registered manager attended local care home forums with other local providers and managers. This enabled them to keep up to date and share best practice ideas. It also enabled her to keep up to date with issues that were important to the local area and may affect the service.