

G Rose Care LTD

Lavender Lodge Care Home

Inspection report

35 Horncliffe Road
Blackpool
Lancashire
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Tel: 01253341576

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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

About The service

Lavender Lodge is a care home which is registered to provide personal care for up to 24 people. At the time of the inspection the home was providing care and support to 20 people. The home is a detached property with a stair lift to access the upper floors. On the ground floor and first floor there are several communal living areas and bathrooms.

People's experience of using this service and what we found

People told us they were happy with the care provided for them and staff were caring and compassionate. They said staff were kind and attentive and treated them with respect. People told us they were involved in making decisions about how they wished to be supported.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. People told us they felt safe when supported by staff. People were happy with staffing levels at the home and staff told us they had checks in place before commencing employment. Staff knew how to protect people from abuse and we saw safeguarding training was provided and updated. The service managed people's medicines safely. The provider ensured safety checks of the home environment were completed regularly. We found these were up to date.

The management team ensured staff received an effective induction and training programme staff confirmed this. People spoke positively about the quality of meals provided. Staff ensured people received support with their healthcare needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff knew them and provided them with care that reflected their needs and choices. Activities were varied, and people told us there were trips and entertainment regularly provided. Staff offered people choices and encouraged them to make decisions about their care. No formal complaints had been received by the service.

Staff and management team were clear about their roles and obligations to people and provided care which resulted in good outcomes for people. They worked in partnership with a variety of agencies to ensure people's health and social needs were met. The service used a variety of methods to assess and monitor the quality of the service. These included regular audits and satisfaction surveys, informal discussions and staff meetings to seek people's views about the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

This service was registered with us on 12/07/2018 and this is the first inspection.

Why we inspected

This was the service first planned inspection

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Lavender Lodge Care Home

Detailed findings

Background to this inspection

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an 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

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, there was an application ongoing to have the current manager registered with CQC.

Notice of inspection

This inspection visit was unannounced.

What we did before the inspection

Before our inspection we completed our planning document and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

We checked to see if any information concerning the care and welfare of people supported by the service had been received. We also contacted the commissioning department at Blackpool Borough Council. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Returns. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with seven people who lived at the home, two relatives and one healthcare professional about their experience of the care provided. We also spoke with six members of staff including the provider, manager, deputy manager, two care staff and the cook. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people supported by the service.

We looked at care records of two people, staff recruitment, and arrangements for meal provision. We also looked at records relating to the management of the home and medicines records of two people. We reviewed the services staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

After the inspection

We continued to communicate with the provider to corroborate our findings. We looked at staffing and recruitment information sent by the provider in response to the feedback provided during the inspection visit.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider protected people from the risk of abuse and their human rights were respected and upheld. Care practices observed were safe and people told us they received safe care. One person said, "Yes, very safe in here, a lot safer than where I was previously. The call bell is always answered promptly."
- Effective safeguarding systems were in place and staff had a good understanding of what to do to make sure people were protected from harm. Staff told us training was provided and refreshed regularly so they were up to date with safeguarding guidance.

Assessing risk, safety monitoring and management

- The provider managed risk through effective procedures to ensure people were safe. Care plans confirmed there was a person-centred risk-taking culture and people were supported to take risks to retain their independence.
- Each person had a risk assessment and risk was managed and addressed to ensure people were safe. These had been kept under review and updated regularly or when required.
- Staff understood where people required support to reduce the risk of avoidable harm.
- The management team ensured regular safety checks of equipment and the home environment were up to date. These checks included the passenger lift, lifting equipment and fire safety checks. Water samples were checked regularly for legionella bacteria. This reduced the risk to people's safety and records looked at confirmed these checks were up to date.

Staffing and recruitment

- The provider had suitable staffing arrangements to meet the assessed needs of people in a person-centred and timely way. People told us staff were available when they needed them. One person said, "I think there are enough staff on duty when needed they are always around."
- Recruitment was safe and well managed. The registered manager carried out relevant checks before new staff commenced their employment. These checks were required to ensure new staff were suitable for the role for which they had been employed. A new employee told us all checks were in place and they shadowed staff for a while to understand the procedures at Lavender Lodge.

Using medicines safely

- Medicines were managed safely, and people received their medicines when they should. One person said, "I get my medication at the right time, and they check on the need for pain relief." Medicines were clearly recorded within people's medication administration records. This meant the provider had oversight of medicines people took and ensured they were administered in line with the prescriber's instructions.

- Staff who administered medicines had completed relevant training and the provider or manager had assessed their competence to administer medicines safely.
- We observed medicines being administered at lunch time. We saw good practice was followed to ensure people received the correct medicine at the right time and safely.

Preventing and controlling infection

- The provider had effective infection control procedures. Staff had access to and used protective personal equipment such as disposable gloves and aprons. We saw these were distributed around the home. This meant staff and people they supported were protected from potential infection during the delivery of personal care. One person said, "Staff always use aprons and gloves when carrying out personal care."
- Staff received training and regular audits were undertaken to ensure standards were maintained. This meant people were protected from the risks of poor infection control.

Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents. Accidents and incidents were investigated, and actions put in place to minimise future occurrences. Regular audits were completed, and lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments completed by staff were comprehensive to ensure people's needs could be met. The management team used assessments to create care plans. Care records contained detailed information about people's care needs, and their ability to help themselves and how staff should support them. Records were consistent, and staff provided support that had been agreed during the assessment process. People confirmed this when we spoke with them.
- We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.
- Care and support had been regularly reviewed and updated where people's needs had changed.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. People told us they felt staff were well trained and had the skills required to support them. One relative said, "Yes, quite definitely staff have all the skills and experience [relative] needs. Staff are very effective and work well together."
- Staff confirmed they had received training that was relevant to their role and enhanced their skills. Staff told us they went through a thorough induction and training schedule. They also observed experienced staff and completed the provider's initial training before they supported people on their own.
- Staff told us they felt well supported, received regular supervision and appraisal of their work and had access to the management team when they needed them.

Supporting people to eat and drink enough to maintain a balanced diet

- The service managed people's nutritional needs to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Care plans confirmed people's dietary needs had been assessed and support and guidance recorded as required. People told us the food was good and enjoyed the 'home cooked' food in a relaxed environment. Comments included, "The food is varied enough and you get a choice, it's quite good really." Also, "We have great meals."
- We saw lunch was organised, managed well and provided a relaxed and social occasion for people to enjoy their meal.
- Where concerns had been identified regarding people's food and fluid intake appropriate action had been taken. This included implementing food and fluid charts to record the amount of food and fluid consumed by people deemed to be at nutritional risk.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. We saw the management team worked closely with health care services including GPs, and district nurses. A health professional we spoke with confirmed how well the staff and management team worked with them to ensure people received the right care and support.
- People confirmed they were supported to attend healthcare appointments when required.

Adapting service, design, decoration to meet people's needs

- Accommodation was accessible, safe, homely and suitable for people's needs. Bathrooms could accommodate people who required support with moving and transferring and there was a passenger lift available. We noted dementia friendly signage throughout the home to help people who live with dementia.
- The service had Wi-Fi (wireless connectivity) fitted allowing people with computers, smartphones, or other devices to connect to the internet or communicate with family and friends.

Supporting people to live healthier lives, access healthcare services and support

- People experienced effective, safe and appropriate healthcare support which met their needs. People spoke positively about the way the staff and management team had improved their quality of life. One person said, "I feel so much more confident since coming here, the care and attention from doctors and district nurses they have provided has been brilliant."
- A visiting healthcare professional told us the service worked well with them and people's needs were met. They told us they responded quickly and appropriately to any issues they encountered.
- Care records seen confirmed visits to and from GPs and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome was. This confirmed people's assessed needs were being met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Also, whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We saw these were being met.

- People told us staff always asked for their consent before supporting them. Care records contained consent to care documentation that was signed by the person receiving care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring and respectful staff who treated them with dignity and respect. Everybody we spoke with and our observations confirmed staff were caring, respectful and kind. Comments included, "A great home with kind, caring and people that show respect to their elders. It is a wonderful place." And, a relative said, "You cannot wish for a better home. The staff are wonderful, kind and caring."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs.
- Staff respected people's diversity. Care documentation included information about people's religion and gender, this meant staff had some awareness of people's diversity. Staff told us they had received training in equality and diversity and one said, "It was definitely informative and has helped me understand better."
- The service had carefully considered people's human rights and support to maintain their individuality. Documents for service users included information of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation.

Supporting people to express their views and be involved in making decisions about their care

- The service supported people with decision making about their care and support. Care records contained evidence the person who received care or a family member had been involved with and were at the centre of developing their care plans.
- People who lived at Lavender Lodge or a family member had been encouraged to express their views about the care required.
- Information was available about local advocacy contacts, should someone wish to use the service. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their dignity was upheld. People told us staff supported them to retain their independence where possible. We saw evidence of staff encouraging one person to walk independently following an injury to themselves. One person said, "I would say they are kind and compassionate, I have a laugh and a joke with them. They always treat you with respect and help you maintain your dignity."
- Staff demonstrated a genuine concern for people and were keen to ensure people's rights were upheld

and they were not discriminated against in any way. A relative said, "I can't praise the staff high enough, they always treat [relative] and other residents with respect. [Relative] really likes the staff that look after her."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service provided care and support that was focused on individual needs. People's care records were personalised and detailed. They included information about their preferences, risks and choices. They were updated on a regular basis and people told us they were involved in reviews of their care. People told us how they were supported to express their views and wishes. A relative said, "We do get involved and the care is centred around [relative]."
- People told us staff gave them choices and they were able to make every day decisions about their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team assessed people's communication needs as part of the assessment process. They documented in people's care plans any support they needed with their communication needs and how that should be provided.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in events at the home and develop relationships. People confirmed activities were available and said they could take part if they wished to do so. "One person said, "I like the bingo and singer that comes."
- The provider had kept a record of activities people had undertaken. There had been a variety of activities carried out which people looked to be enjoying and people confirmed this. One person said, "They have day trips out, there's one planned for Knowsley Safari Park."
- Staff encouraged people to maintain relationships that were important to them. People told us staff and management team did not restrict visiting times and staff made them feel welcome. Relatives spoken with confirmed this.

Improving care quality in response to complaints or concerns

- Complaints would be listened to, taken seriously and dealt with appropriately. People knew how to make complaints and felt confident that these would be acted upon.
- The manager told us if any complaints were received and upheld, any lessons learned would be shared

with staff to avoid a similar issue arising in the future. The manager told us that no formal complaints had been received in the previous 12 months

End of life care and support

- People's end of life wishes had been recorded so staff were aware of these. No one at present was on end of life care. Staff had completed end of life care training and they confirmed this when spoken with.

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider planned and delivered effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with best practice guidelines had been followed. This was to ensure the diverse needs of everyone who used their service were met. One of the management team said, "We have all done training in empowerment and creating an environment for people to thrive."
- The service's systems ensured people received person-centred care which met their needs and reflected their preferences. The management team led by example, treating people as individuals and encouraging people, relatives and staff to be involved in the running of Lavender Lodge.
- The service was well-organised and there was a clear staffing structure. People spoke positively about how the service was managed. One person said, "They are visible and always around. The place is organised and run efficiently."

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

- The provider and manager understood legal obligations, including conditions of CQC registration and those of other organisations. They had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.
- We found they had clear lines of responsibility and accountability. People spoke positively about how Lavender Lodge was managed. A relative told us the manager had a good understanding of their relatives' needs and backgrounds.

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

- The provider and manager were experienced, knowledgeable and familiar with the needs of the people they supported. Comments we received confirmed this. For example, a relative said, "They know what they are about and manage the home really well in my opinion."
- Discussion with the staff confirmed they were clear about their role and between them and management team provided a well-run and consistent service.
- The manager had applied to CQC to be registered and an application had been submitted and the process was ongoing.

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

- The provider and manager created an open culture and encouraged people to provide their views about how the service was run. For instance, surveys had been sent to people for their views. The process was ongoing, and three responses received so far had been positive. People told us they felt consulted and listened to about the care they received. One person said, "We talk all the time every day in fact to see if we had any ideas to improve the place." Staff told us meetings are held and they were encouraged to speak up and pass on their opinions
- Staff confirmed they could contribute to the way the service was run through team meetings, supervisions and anonymous surveys.

Continuous learning and improving care

- The service was regularly assessed and monitored. A wide range of audits such as medication, maintenance and incident records were in place. We saw evidence the provider had acted upon any findings from the audits. This demonstrated improvements were made to continue to develop and provide a good service for people supported by the service.

Working in partnership with others

- People received safe and coordinated care. The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs, and district nurses. A health care professional told us the provider and staff worked 'extremely well' with them and were up to date with peoples' care and condition when they visited the home. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.