

Porthaven Care Homes No 2 Limited

Lavender Oaks Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lavender Oaks Care Home is a residential care home providing personal and nursing care to 43 people at the time of the inspection. The service can support up to 75 people within four suites in one purpose-built building.

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

People told us they felt safe and that, they were looked after by caring staff. Systems remained in place to protect people from abuse and staff had been trained in safeguarding adults and knew how to report concerns. Improvements had been made to people's records. This meant there was more detailed information for staff to understand people's risks and what staff needed to do to reduce these. Medicine records were accurate and showed people received their medicine when they needed it. The provider recorded and monitored accidents and incidents in order to identify trends and had systems in place to make sure lessons were learnt when things went wrong. The service was clean and staff followed government guidance around COVID-19 to help stop the risk of infection. There were enough staff working at the service to meet people's needs.

People's care and support was assessed when they first started to use the service. People's care was regularly reviewed and the provider was making changes to make sure staff knew exactly how people wanted to be supported based on their individual needs during their time at the service and when they required end of life care. Staff helped people maintain relationships and had adapted activities during the pandemic to reduce the feeling of isolation. Systems were in place to record and monitor complaints received.

Improvements had been made to the way the provider monitored the quality of care people received at the service. Staff had received additional support and learning and new initiatives had been introduced to help keep people safe. People told us the manager listened to them and made changes according to their preferences.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 May 2020) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. We had also received concerns about end of life care and we wanted to

inspect and examine risks in this area. We found no evidence during this inspection that people were at risk of harm from this concern. This report only covers our findings in relation to the key questions safe, responsive and well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lavender Oaks Care Home on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Lavender Oaks 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. 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors, a specialist advisor whose background was in nursing, including end of life and palliative care, 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 Oaks Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service was in the process of appointing a new manager and obtaining registration with the Care Quality Commission. Once CQC registration is complete, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 all of this information to plan our inspection.

During the inspection

We spoke with the nominated individual (a nominated individual is responsible for supervising the management of the service on behalf of the provider), the support manager and the acting manager at the time of our inspection. We also spoke with six staff members the chef, five people who used the service and four family members. When people were not able to speak to us about their care experiences, we observed how they interacted with staff in communal areas. We reviewed a range of records. This included seven people's care records, people's medicine records, accident and incident records, and quality assurance records. To reduce the amount of time we spent at the service we conducted part of our inspection remotely and asked the provider to send us more information following our visit.

After the inspection

We received feedback from one person's relative. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found lack of detail in risk management plans and incomplete records relating to pressure ulcer care. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of regulation 12.

- People's records had been reviewed and updated to make sure they gave staff the information they needed to identify and manage people's individual risks. Records gave a clear picture of people's current risk with additional guidance and links to external health care professionals if required, such as the tissue viability nurse. Staff had received training in pressure ulcer prevention and management and this was regularly updated.
- Staff knew about the risks facing people and how to manage these risks while still encouraging people's independence. For example, making sure people had the walking equipment they needed within easy reach so they could move safely around the service.
- The provider had introduced new initiatives to help staff recognise and respond to risk to help keep people safe. This included additional guidance on falls prevention and tools to help staff recognise the early signs of people becoming unwell including the action they needed to take to reduce or prevent further deterioration in people's health.
- Environmental risks were identified, and improvements made when necessary to keep people safe. Health and safety and fire checks were routinely carried out at the service.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel safe. There is a lovely atmosphere here. Staff are very caring. They look after you well." People were observed to be relaxed and comfortable with their surroundings and with staff. Staff knew people well and we saw interactions were kind and supportive. One person's relative said, "[My relative] is safe. She is prone to falls but staff are always quick to spot problems and help."
- Staff confirmed they had received training to recognise and report safeguarding concerns and records supported this. Staff felt confident managers would take appropriate action to keep the people using the service safe.
- The provider had systems to protect people from the risk of abuse. The provider carried out investigations of any incidents that might indicate a possibility of abuse or neglect and took appropriate action to reduce

these risks and protect people from harm.

Using medicines safely

- People received their prescribed medicines safely. People's medicines were kept securely and systems were in place to order and dispose of people's medicines when required. However, when we looked at some of the equipment used, for example specimen tubes, we found these were out of date and some homely remedies, or medicines that could be purchased over the counter at a pharmacy had expired. The manager immediately destroyed the medicines that were out of date and assured us they would check the dates on all medical equipment to make sure they were safe for use.
- Only qualified staff administered people's medicine. Regular competency checks and refresher training made sure staff continued to have the skills and knowledge to keep people safe.

Staffing and recruitment

- People and their relatives told us there were generally enough staff on duty to give them support and meet their needs. Although one relative was concerned there were less staff on duty at weekends the provider assured us, they were constantly reviewing staff allocations. Records did not indicate there were less staff at weekends.
- People told us staff would come quickly when they rang their call bell and during our inspection, we observed staff were on hand to help support people. Staff told us providing cover for staff sickness could sometimes be a challenge but an internal staff bank and the use of agency staff allowed for cover when required.
- The provider continued to follow safe recruitment practices. Checks were carried out before employment started to make sure staff were suitable for the role and the provider conducted regular audits to make sure the recruitment of staff was thorough and safe.

Learning lessons when things go wrong

- Staff told us they were encouraged to raise concerns and report when something went wrong. Learning was shared with staff during meetings and additional training provided if required.
- The provider continued to use a number of tools to effectively learn lessons and make improvements.
- Systems were in place to report accidents and incidents this helped the manager look for patterns and trends so they could reduce risk and take action to make people safe.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; 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 and their relatives told us they were involved in developing their care and support plans. These were reviewed each month when staff discussed people's needs with them to make sure people were happy with their care. The manager explained although the COVID-19 pandemic had limited family visits to the service they were working on improving the care review process to further engage with relatives, review and update care records and focus on people's lifestyles and wellbeing.
- Care records were computer based and contained detailed information about people's healthcare needs and risk. There were good examples showing people's preferences and choice, for example where one person liked to sit or how another liked to receive their personal care. However, some records lacked information about people's hobbies, interests and spiritual needs. The manager assured us this would be addressed as part of the improvements to the care plan reviews.
- People were encouraged to engage in various activities and the activities coordinator was keen to broaden the choice available to people as COVID-19 lockdown restrictions eased. For example, we observed people enjoying outside entertainment in the sunshine, ball games and nail painting. One relative explained her family member had been taken on a trip in the minibus the week before and they had enjoyed this very much.
- Staff told us they encouraged people and their families to give suggestions and feedback on activities, so they could try new things or help people maintain hobbies and interests that were important to them. Staff told us about the adaptations they made during the pandemic and at the height of the restrictions when activities had to be altered to cater for individuals or small groups.
- Staff made mealtimes an important part of people's day and encouraged people to interact with each other and with staff as part of the mealtime experience. People told us they enjoyed the meals, one person told us, "the food is excellent." We observed the atmosphere was happy and relaxed with lots of positive interactions between staff and people.
- People were encouraged to celebrate religious and cultural festivals throughout the year. Staff told us they were hoping to start face to face religious services as soon as restrictions would allow. During the pandemic these had been carried out via video calls.

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.

- People's communication needs were assessed when they first started to use the service and any additional support required was detailed in their care records. For example, one person needed glasses for reading and staff made sure the person's glasses were clean and within easy reach.
- Staff explained how they helped support people with communication needs, for example, making documents available in large print or using a computer to convert text to speech. The chef told us how they had created a pictorial menu to help one person whose first language was not English, so they could point to their menu choice. They explained they would do this on an individual basis if required, however, most people liked to have the menu options shown to them on the day.

Improving care quality in response to complaints or concerns

- People and their relatives told us when they had made a complaint they felt listened to and their concerns had been addressed. Information was made available to people if they wished to complain explaining who they should make a complaint to, the process and time scales involved.
- Systems were in place for the provider to monitor recorded complaints and concerns so they could make sure responses were in line with their policies and procedures. We had received concerns from one family regarding the timeliness of a response to their complaint. The provider explained the reasons for this had been because of external factors and explained the delay to the family.

End of life care and support

- We had received concerns about some aspects of end of life care at the service, enquiries were still ongoing at the time of our inspection but we wanted to be sure people were well supported when they needed end of life care.
- Staff had received training, giving them a general overview of end of life care. This was being enhanced by the provider's recent enrolment to the gold standards framework. The framework offers a recognised standard of care for those people nearing the end of life. This includes additional end of life training for staff as part of the accreditation scheme. The provider was working with healthcare professionals to help develop staff skills and knowledge around end of life care.
- People had been asked about their end of life preferences. However, records of people's wishes varied. Some people had clear involvement in developing their end of life care plans with evidence of family and healthcare professional's involvement whereas others had little or no detail. We found information about people's specific needs and wishes was sometimes missing. The manager explained their plans to improve communication and make sure people and their relatives felt fully involved in developing end of life care and support plans to make sure the views of people were known, respected and acted upon.
- Feedback received from relatives prior to our inspection praised the care staff for the dignity and respect they showed their relative when their condition deteriorated. However, concerns were raised about the communication with some senior staff members. The provider had made improvements to address these concerns and we found staff were knowledgeable and compassionate when we asked them about end of life care. We will look at end of life care again when we next inspect.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the time of our inspection the service did not have a registered manager in post. After our inspection the provider told us a manager had been recruited and they had begun their registration process with the CQC. The provider had ensured there was adequate support in place for the new manager to make sure they were clear about their role and regulatory requirements.
- Staff told us they understood their roles and responsibilities and felt there was a clear management structure that supported them even in the absence of a registered manager.
- The provider continued to carry out a number of checks and audits to monitor the quality of the service and make improvements when needed.

Continuous learning and improving care; 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

- During our last inspection we identified improvements were required in the providers systems to monitor and improve the safety and quality of the service. At this inspection we found the provider had improved in the areas previously identified. They had increased staff training and knowledge and encouraged staff to become champions in certain areas of care to identify and report inconsistencies and ensure staff were confident in new ways of working.
- The provider welcomed feedback about the service and when things went wrong, they worked with people, their relatives and staff to put things right. One person told us, "The manager does their best. They make an effort to find out what is troubling people".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they felt they could speak to the manager and they were approachable. Relatives told us staff were helpful when they phoned the service.
- People were supported to keep in touch with their friends and relatives and face to face visits were taking place in line with government guidance.
- People's views were important to the provider and smaller resident meetings and surveys were carried out during the pandemic to make sure people had their say safely. The provider was hoping to start larger resident and relative meetings again as soon as restrictions allowed.
- Staff told us they felt supported in their jobs and knew who to speak with if they had any concerns. Staff

told us they were able to share their views and experiences with their line manager at any time and during their staff meetings and supervision.

Working in partnership with others

- The provider had built positive relationships with the local authority and other healthcare professionals and these had been reinforced during the pandemic. Staff explained they were able to telephone the local authority or the clinical commissioning group if they had any concerns and they always responded quickly with advice and support. In addition, the GP and regular meetings with the local authority's, care home support team, gave assurance about people's care, support and offered advice when people's needs changed.