

Avery Homes (Nelson) Limited

Lavender Lodge Care Home

Inspection report

Bruntile Close
Reading Road
Farnborough
Hampshire
GU14 6PR

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Website: www.averyhealthcare.co.uk/care-homes/hampshire/farnborough/lavender-lodge/

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Lavender Lodge Care Home is a nursing home with three floors. The middle floor supports people living with dementia. The service was providing nursing care and personal care to 45 people at the time of the inspection. The service can support up to 66 people.

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

People told us they were happy with the service they received. Overall relatives told us they were satisfied with their loved ones care and support. People's feedback included, "All care done" and of the manager, "I can go to her any time."

The provider ensured there were sufficient numbers of staff to support people to stay safe and meet their needs. Processes were in place to protect people from the spread of infection.

The new manager had made changes in order to embed the provider's values and improve outcomes for people. The manager's responsibilities were clear and they understood them. People and staff were encouraged to provide their views on the service and these were listened to. The provider had processes to assess the quality of the service and to identify areas for improvement.

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

Rating at last inspection

The last rating for this service was good (published 10 September 2019).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns we had received about the service. A decision was made for us to inspect and examine those risks. The concerns included: the management of the service, standards of care and staffing levels.

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 coronavirus and other infection outbreaks effectively.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

The overall rating for the service has not changed following this targeted inspection and remains good.

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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Lavender Lodge Care Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection on specific concerns we had received about management of the service, standards of care and staffing levels.

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

The inspection was carried out by two inspectors on-site, and an assistant inspector who worked off-site, contacting staff and relatives.

Service and service type

Lavender Lodge 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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a new manager who was in the process of applying to become the registered manager. This would mean that 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

The inspection took place on 24 September 2020 and was announced. We gave the service short notice of 24 hours of the inspection. This was because we wanted to discuss if there was any current impact of Covid-19 in the service.

What we did before inspection

We reviewed all the 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 three people who used the service and six relatives about their experience of the care provided. We spoke with 20 members of staff including: care staff, domestic staff, activities staff, nurses, the manager and the regional manager. We spent time on each of the three floors, making observations of the care provided, and staff's interactions with people and each other.

We reviewed two people's care plans, incident records, complaints and medicine audits.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We also looked at training data, staff rosters, staff supervision records, meeting minutes, policies and quality assurance records.

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 good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about Lavender Lodge Care Home. We will assess all of the key question at the next comprehensive inspection of the service.

Staffing

- The provider regularly assessed people's dependency levels and ensured the correct staff skill mix on shifts. Staffing numbers rostered were in excess of the number of hours assessed as required on each floor, in order to meet people's needs safely.
- The manager told us there had been occasions when staffing levels at night had been reduced by one staff member. They told us this was due to last minute staff sickness which agency staff could not cover. When this had happened, staff had been re-allocated across the floors. There was no evidence to indicate this had negatively impacted people's safety or welfare.
- People and their relatives felt there were sufficient staff. A person told us, "They [staff] do anything I need." A relative said, "There seems to be plenty of staff." Some staff felt more staff would be beneficial. However, none told us people's care was negatively impacted by the current staffing levels. We observed there were sufficient staff to support people and meet their needs.

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 had sought to access 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.

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 good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about Lavender Lodge Care Home. We will assess all of the key question at the next comprehensive inspection of the service.

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

- People and relatives felt overall the service was well-led. They told us they were spoken with respectfully, and able to raise issues. The manager was visible on the floor.
- Staff understood the new manager was driving improvements for people's welfare, and told us overall they were supported and well treated. Some reported on occasions, the manager made their point of view, too loudly or vigorously. They wanted changes in her communication style, to make it less 'sharp'. We fed this back to the provider, who acted immediately, and they are looking at providing communication training within the service.
- Most staff felt morale was good, but some felt it could be improved. For example, staff appreciated why the manager, for people's safety, had made temporary changes to the 15 minute staff shift handover. We noted, whilst staff's attendance was not compulsory, but encouraged, care staff were not paid to attend. The manager informed us following the inspection, they had consulted staff and from 5 October 2020 the handover would take place within staff's paid hours.
- The provider had clear values which underpinned people's care. The manager was embedding these by ensuring people could exercise personal choice, and that staff rosters reflected their needs. Staff were now rostered to work across the three floors, rather than one. This meant rosters were now built around people's needs, rather than staff's working preferences.
- There was a focus on peoples' welfare. Staff training had recently been held on personal care delivery, including oral health care, to ensure people received a good standard of personal care. The manager was also focused on ensuring activities were meaningful for people, and reflected their interests.

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

- The provider had systems in place to identify and manage risks to the quality of the service, and these were used to drive improvements. The manager and the provider understood the need to modernise the culture of the home, and ensure staff received the required level of training and supervisions. Action plans were in place to address these issues. The manager had liaised with the head of dementia care and staff had received dementia training, to ensure their knowledge and practice were current. Staff's statutory training compliance had been increased and was now at 85%.

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

- People were invited to a monthly residents meeting. People had not completed a survey this year, due to the pandemic. People had been given feedback on last year's survey, at their January 2020 meeting. It had been noted activities had not achieved a high score and the new manager was addressing this with staff. One person told us they could raise issues and another said, "Staff listen."
- People's relatives had not been able to attend meetings due to the pandemic. Instead they had been encouraged to provide feedback directly and via the internet. We saw where complaints had been received, these had been investigated, and relevant action taken.
- Staff had been invited to attend a staff meeting in June 2020. Staff could speak to the manager in person if they wished. Staff were also able to raise issues, at handovers or clinical meetings. Staff had information about how to whistle blow and this information was displayed.
- The provider was exploring options to increase both the ways staff could provide feedback and the level of staff's feedback.

Continuous learning and improving care

- The manager and provider understood the priorities for the service, and action was being taken to address them. The manager was ensuring the transfer of people's care records to the new electronic system was completed by the end of October 2020. This will ensure people's records are accessible by staff anywhere within the service.
- Whilst a new deputy manager was being recruited, staff had been provided with group supervisions and some one to one supervisions. When the new deputy manager started their post, a schedule for future staff supervisions was put in place. We saw no evidence this had impacted negatively upon people.
- Processes were in place to monitor and manage risks such as falls for people. We saw there had been a decrease in the number of falls people experienced monthly since February 2020.
- The quality of the service provided was assessed and measured using a variety of audit tools, completed both internally and externally. Identified actions were then collated onto the service improvement plan, we saw evidence actions had been completed.