

M&B Care Group Ltd

Lavender House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lavender House Care Home is a residential care home providing personal care to up to 22 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection there were 17 people using the service. The accommodation is spread over two floors, accessible via the stairs or stairlift. There is a secure garden which people can access.

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

Some aspects of the safety of the service required improvement. The arrangements for the management of medicines did not reflect best practice. Some records related to fire safety had not been completed consistently and not all mobility equipment was in good working order.

The leadership and governance of the home required improvement. This included work to ensure audits were effective in promoting improvement and identifying risks. The manager had applied to CQC to become the registered manager. They have acted upon feedback from this inspection and were putting plans in place to address the issues identified.

The provider did not ensure people's needs were always fully assessed. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Some staff required training updates and aspects of the home's decoration needed updating.

People and relatives told us that staff were kind and caring. They felt they were treated with dignity and respect and consulted about decisions around their care. People gave us positive feedback around the quality and choice of food available.

People's care plans reflected their preferences around their personal care. People and relatives gave mixed feedback around the quality of activities and meaningful occupation people were supported to access. There were appropriate systems in place to respond to complaints.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Last rating and update

The last rating for the service under the previous provider was good, published on 25 July 2018.

Why we inspected

This service had not been inspected since the new provider took over and we wanted to check people were receiving safe care and support

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have found breaches in relation to medicines management and governance at this inspection.

Please see the action we have told the provider to take at the end of the full version of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lavender House 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 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.

Service and service type

Lavender House 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 we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The manager had applied to CQC to register as manager of the service. The application was being processed at the time of this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since their registration with CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 30 May and ended on 22 June 2022. We visited the service location on 30 May and 14 June. We spoke to 11 people and relatives about their experience of the care provided. We spoke to the provider, the manager and seven members of staff. We reviewed a range of documents which related to the running of the service. These included five people's care plans, risk assessments, medicines administration records, staff recruitment files, policies, audits, maintenance certificates 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.

This is the first inspection of this newly registered service. We have rated this key question requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines storage was not in line with best practice guidelines. On the first day of inspection the medicines room was unlocked, with the door open. There were boxes of medicines stored on the shelves which were accessible to people walking by.
- There were numerous crates of medicines stacked upon each other on the manager's office floor. The medicines had recently been delivered. This arrangement was not suitable to ensure medicines were stored securely, as the manager's office was busy and accessible to all staff.
- The temperature of the medicine's fridge was not consistently monitored. The fridge contained medicines which required storage at certain temperatures to ensure their effectiveness. In May 2022, there were 18 days where the fridge temperature monitoring was not recorded. The provider could not be assured these medicines were stored at the appropriate temperature.

The failure to operate safe systems for the management of medicines was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The manager sent CQC an action plan following the first day of inspection, detailing how improvements would be made with the management of medicines.
- On the second day of inspection, we found some of the issues identified around medicines storage, fridge temperature checks and auditing of controlled drugs had been addressed. However, improvements were ongoing, and the provider needed time to embed and sustain improvements to demonstrate they were meeting the requirements of regulations.

Assessing risk, safety monitoring and management

- Records of checks made on fire safety equipment such as, the fire alarm system and tests of emergency lighting were inconsistently completed. Staff told us these checks took place, however, the records did not reflect this.
- On the first day of inspection, the arm rest on the stair lift was broken as it did not retract to its upright position. The lowered arm rest position was a hazard as it obstructed the walkway past the stairlift when people were using the stairs. Staff told us this made it difficult to pass by when using the stairs.
- On the second day of inspection, the provider had fixed the issue to ensure the stair lift arm could be lowered and retracted safely.
- Risks related to people's health and medical conditions were documented in their care plans. This included risks related to falls, eating and drinking, and moving and handling. Staff we spoke to were knowledgeable about how to reduce these risks.

Staffing and recruitment

- People and relatives felt there were enough staff. Feedback included, "[My relative] has an emergency call button in their room. This is responded to quickly," and, "There is always a good number [of staff] there. The staff are usually with the residents and are always visible."
- The manager assessed people's needs to determine appropriate staffing levels. This ensured there were adequate staffing resources in place to meet people's needs.
- The provider followed appropriate recruitment processes to ensure suitable staff were employed. This included checks to determine candidates' character, experience and conduct in previous employment.

Systems and processes to safeguard people from the risk from abuse

- People and relatives told us that they felt safe at the service. Feedback included, "I think [my relative] is extremely safe. I have no qualms or concerns about that whatsoever."
- The provider had a safeguarding policy, which outlined the procedures to keep people safe from suffering abuse or coming to avoidable harm.
- Staff we spoke with understood their responsibility to safeguard people from suffering abuse or coming to avoidable harm. This included how to recognise and report possible abuse.
- The manager had a good understanding of safeguarding procedures. They had taken appropriate action to safeguard people when concerns were raised about their safety or wellbeing.

Preventing and controlling infection including the cleanliness of premises

- People and relatives told us the home was clean and hygienic. Feedback included, "It is always clean here," and "They clean my bedroom every day."
- 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. One relative commented, "They [staff] always wear masks, and when I have been in there think they are still wearing aprons and protective gloves."
- 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.

Learning lessons when things go wrong

- The manager had made improvements to how incidents were recorded and investigated. This promoted staff learning and reduced the risk of reoccurrence.
- The manager reviewed incident reports for causes and trends. They shared any learning with staff in team meetings and supervisions to help ensure future preventative measures could be put in place.

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 of this newly registered service. We have rated this key question requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The manager made assessments of people's needs prior to their admission. This included using information from people, relatives and professionals to help develop appropriate care plans. One relative told us, "When [my relative] first went in just over a year ago, there was a lot of discussion around her mobility issues and how to deal with all of that. Both my [relative] and I were involved with all of this."
- However, people's needs were not always fully assessed when their temporary respite stay at the service was extended. One person had been staying temporarily since December 2021. They still only had a very limited care plan. They were receiving longer term care without having their needs fully assessed.
- The manager acted upon our feedback and put a new system in place to ensure people's needs would be fully assessed after a certain time staying at the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The manager had reviewed the processes used to determine whether decisions made about people's care, where they could not give appropriate consent, were in their best interests.
- They had identified some previous decisions made, were not decision specific. It was not clear which aspect of care was being assessed and whether any decisions made were the least restrictive and in line with the MCA. At the time of inspection, there were three people, who were still due to have their records

reviewed.

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

- People and relatives told us the design of the home met their needs, but some felt the decoration of the home required updating. Feedback included, "The Home needs updating."
- The new provider had invested in making some improvements to the premises. These were in relation to the infrastructure of the building such as, plumbing and roofing.
- However, aspects of the design and decoration of the home needed updating, such as worn carpet in the hallway, replacement of worn work surfaces in the kitchen and the need to create adequate storage facilities for medicines.

Staff support, training, skills and experience

- People and relatives told us they felt staff were competent and professional. Feedback included, "They all appear good at the job", and, "I think they are pretty good and can't really fault them."
- Some staff required training updates in areas of their role to ensure their knowledge and skills were current. This included fire safety, moving and handling and medicines administration. The manager was able to give us assurances the required training had been booked for July 2022.
- The manager had introduced a new staff induction, which included increased monitoring of new staff's working practices and meetings with senior staff to review their performance. One relative commented, "They have had a couple of new staff on, and whenever I have been there they have been assisted by more experienced staff."

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

- People told us they enjoyed their meals and were given a good variety of options. Feedback included, "It all tastes good", "I get to choose what I eat", and "Everything is home cooked, that's what I like."
- People's nutrition and hydration needs were identified within their care plans. This included any specific dietary requirements recommended by health or medical professionals. One relative told us, "Just inside the kitchen there is a notice where every resident's special needs [nutritional needs] are noted."
- Where people were at risk of malnutrition or dehydration, their food and fluid intake were monitored, to ensure they were eating and drinking appropriate amounts. Where concerns were identified, staff had made referrals to appropriate health professionals to ensure they received additional support and guidance in relation to eating and drinking. One relative told us, "[My relative] is always encouraged to drink enough. There is always a bottle of squash close to her when I visit, and cups of tea are also readily available."

Supporting people to live healthier lives, access healthcare services and support/Staff working with other agencies to provide consistent, effective, timely care

- People had access to regular healthcare services such as GP's, dentists, chiropodists and were supported to attend regular appointments in relation to their health conditions. One relative told us, "They are certainly in contact with the G.P with {my relative's} changing medication."
- Relatives were positive about how the provider had involved health and medical professionals when there were concerns or changes around people's health. Feedback included, "If there are any medical issues, they are on top of it pretty quickly. She has had a few falls since she has been there. Once they work out what has gone wrong, they sort it out. I can't really fault them quite honestly."

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 of this newly registered service. We have rated this key question 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 and relatives told us staff were friendly, kind and caring. Feedback included, "They [staff] are lovely", "I would say that they are very kind, caring and understanding of the residents", and, "Staff genuinely care about the residents and certainly about [my relative]."
- Relatives told us staff had built good relationships with people and took time to promote their wellbeing. Feedback included, "They [staff] have built up a relationship with him, and are very comfortable with him", and, "They [staff] always talk to [my relative] and ask how she is, and encourage her to join in any activities."
- Relatives told us staff spoke to people respectfully and treated them as individuals. Feedback included, "They [staff] very much talk to her as an equal and with an adult tone. They do not talk to [my relative] in any sort of condescending manner", and, "I can see that they [staff] talk to [my relative] in a decent and friendly way."

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

- Relatives told us staff spoke to people respectfully and always considered their opinion in everyday decisions about their care. Feedback included, "They [staff] talk to her [my relative] and will ask her things and take on board what she is telling them."
- Relatives told us they were consulted and involved in reviews of people's care. Feedback included, "There was a very detailed NHS assessment about a year after she was admitted. There was a lot of talk about the care plan with the manager, and it seemed very well organised."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff promoted their dignity when providing support with personal care. Feedback included, "They [staff] close her door when they are helping to get her dressed, and she also gets assistance with toileting and having a bath. This is all done in a respectful way."
- People and relatives told us staff respected their privacy and treated them respectfully. Feedback included, "They [staff] always knock on her door before going in, as she spends a lot of time in her bedroom."
- People were supported to dress in a way in which they felt comfortable and promoted their dignity. Feedback included, "[My relative] is always dressed well. If he has any accidents, that is always dealt with straightaway."

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 of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- People's care plans reflected their needs and preferences around their personal care.
- People's care plans were reviewed regularly when their needs changed to help ensure they were reflective of the care they required.
- Staff worked pro-actively to encourage people who were reluctant to engage in personal care support. One relative told us, "[My relative] was not comfortable when she went in with being bathed. However, I think they [staff] have respected all of that and she now seems comfortable with all the care that is provided."
- There were policies in place to help ensure staff considered people's protected characteristics under the Equality Act 2010, when planning and delivering care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider assessed people's communication needs to ensure they were met. This included providing information and communicating with people in an adapted form when required.
- Relatives were positive about the efforts staff made to meet people's communication needs. Feedback included, "My [relative's] speech is very limited now and they [staff] do their best to understand what she wants."

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

- There was mixed feedback from relatives about the levels of meaningful activity people were supported to access. Five relatives were positive around the levels of engagement people received. However, two relatives felt the provider could develop the activities further to provide more person-centred care.
- Relatives comments included, "They [staff] certainly do their best to put enough on for the residents, and they usually have something up their sleeve", and, "The only thing that is possibly lacking is perhaps more entertainment and activities. [My relative] could do with some more stimulation."
- Relatives were positive about a social media page the provider had set up where they could see pictures posted of events people took part in at the service. Feedback included, "They do a lot of activities and also have a [social media platform] page, which is a closed group. We often see [my relative] in photos doing various activities. There is definitely stuff going on in there."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which detailed how complaints and concerns would be responded to.
- Records of complaints received demonstrated the manager investigated concerns thoroughly and responded appropriately to people and relatives with the outcome.

End of life care and support

- The service was not providing end of life care to people at the time of this inspection.

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 of this newly registered service. We have rated this key question requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements/ Continuous learning and improving care

- The Clinical Commissioning Group (CCG) had made recommendations for medicines management following their visit in December 2021. The provider had not acted on many of the recommendations which were still outstanding at this inspection.
- Audits were not always effective in identifying issues or promoting improvement. For example, medicines audits carried out did not identify issues highlighted in this inspection.
- The manager told us regular audits were delegated to staff to carry out. They acknowledged the system to check the quality of audits required improvement to ensure audits were completed to a standard which identified issues and areas for improvement.

The failure to implement effective systems to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- At the time of our inspection there was not a registered manager in place. The manager had applied to CQC to register as manager for the service. This application was in process.
- The provider had submitted statutory notifications as required when significant events took place at the service.

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

- People and relatives told us the manager was approachable, professional and dedicated to their role. Feedback included, "The manager is very professional, understanding and caring. She is also very approachable. If I contact her by phone or email, she will always answer", and, "The manager is perfectly approachable and is great. If I want to talk to her, I just go into the office and discuss things with her."
- The provider and the manager were both open and transparent in their approach. They were open to receiving feedback during the inspection about the issues highlighted and by the end of the inspection had already taken some steps to make improvements.

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 manager was aware of their responsibilities in relation to the duty of candour. There were policies in

place to ensure the provider was honest and transparent with people if there were incidents, mistakes or if things went wrong.

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

- The provider sought feedback from people and relatives about the quality of care. This included sending feedback questionnaires, face to face meetings and telephone calls. They used this feedback to create an action plan to promote improvements.
- The responses from the provider's last feedback questionnaire reflected mostly positive feedback. However, there were required actions with regards to improving communication and updating the décor at the service which the manager was addressing.
- The provider sought feedback from staff about where improvements could be made. In one example, the provider had extended the staff handover time to help improve communication between staff after receiving feedback this was required.

Working in partnership with others

- The manager contacted professionals promptly to meet people's changing needs. This helped to ensure people received the right support and professional input to promote their safety, health and wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to operate safe systems for the management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to implement effective systems to assess, monitor and improve the quality and safety of the service.