

Lawnbrook Care Home Limited

# Lawnbrook Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 10 and 15 January 2019 and was unannounced.

At our last inspection of 24 February 2017, we found a breach of Regulation 12 of the Health and Social Care Act Regulated Activities Regulations 2014 because risk assessments were not in place for the balconies and sensor mats. We served a requirement notice and the provider sent us an action plan detailing what they would do to meet the regulations.

During this inspection we found the registered manager had completed their action plan and there was no longer a breach of this regulation.

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

Lawnbrook Care Home is a residential care for up to 30 people who may be living with dementia. The home is purpose built over three floors with communal sitting and dining areas are on the ground floor and the other floors are accessible by passenger lift. On the day of the inspection, twenty six people were living at Lawnbrook Care Home.

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

Risk assessments identified a range of environmental risks and plans were in place to minimise these risks. The provider had policies and procedures in place designed to protect people from abuse and staff had completed training in this. Regular safety checks were completed, for example, regarding gas and electrical items and lifting equipment.

People's needs were met by suitable numbers of staff who knew people well. Effective recruitment procedures were in place which included a range of checks to ensure staff were safe to work with people living at Lawnbrook Care Home. Medicines were stored safely and accurate records were kept showing people received their medicines as prescribed. People were protected by the prevention and control of infection using risk assessments and maintaining the cleanliness of the home. Lessons were learned and improvements made when things went wrong.

Mental capacity assessments and best interests decisions were completed where necessary. People were supported by staff who were trained appropriately for their role. People were supported to eat and drink enough and were offered choices.

People were supported to access healthcare services and ongoing healthcare support when necessary. Staff supported people to take their medicines as prescribed. The environment was suitable to meet the needs of people living with dementia.

People were treated with kindness, respect and compassion and during the inspection we observed staff interacting positively with people. People were supported to express their views and be involved in making decisions about their care. People's privacy and dignity was respected.

People received personalised care which was responsive to their needs. People had care plans in place which covered a range of information about people's social histories, preferences and support needs. People enjoyed a range of activities. People were supported with end of life care where needed. The provider had a complaints procedure in place and it was displayed in the entrance hall.

The registered manager promoted a positive culture which was open and inclusive. There was a management system in place and individual responsibilities were clear. People and their relatives felt they were involved in how the service was run. The registered manager had put a range of audits in place to ensure they were able to monitor people's changing needs. The registered manager regularly sought the views of people using the service and worked in partnership with other agencies to improve the quality of the service provided.

## 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.

The provider had policies and procedures in place designed to protect people from abuse.

Risk assessments were in place to reduce risks to people's health and safety.

People's needs were met by suitable numbers of staff.  
Appropriate recruitment procedures were in place.

People were supported to take their medicines as prescribed.

There was a cleaning programme in place to reduce the risk of infection.

### Is the service effective?

Good ●

The service was effective.

Mental capacity assessments and best interests decisions were completed where necessary.

People were supported by staff who were trained appropriately for their role.

People were supported to eat and drink enough and were offered choices.

People were supported to access healthcare services and ongoing healthcare support when necessary.

People benefitted from an environment which met their needs.

### Is the service caring?

Good ●

The service was caring.

Staff developed caring relationships with people.

People were supported to express their views and be involved in making daily decisions about their care and support.

Staff supported people whilst being mindful of their privacy and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care that was responsive to their needs.

People enjoyed a range of activities which were tailored to their needs and choice.

People and their relatives had access to the complaints procedure.

End of life care was provided in ways people preferred.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager promoted a positive culture which was open and inclusive.

There was a management system in place and individual responsibilities were clear.

People and their relatives felt they were involved in how the service was run.

The registered manager had put a range of audits in place to ensure they were able to monitor people's changing needs.

The registered manager regularly sought the views of people using the service and worked in partnership with other agencies to improve the quality of the service provided.

# Lawnbrook Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 10 and 15 January 2019 and was unannounced. The inspection team consisted of one 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.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events, which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with ten people living at Lawnbrook Care Home, three visitors, five staff, the registered manager and the provider. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process, which enables us to look in detail at the care received by an individual using the service. We pathway tracked the care and support of two people. We also looked at a range of records, including three care plans, three staff recruitment files and quality assurance audits.

# Is the service safe?

## Our findings

At our last inspection of 24 February 2017, we found a breach of Regulation 12 of the Health and Social Care Act Regulated Activities Regulations 2014 because risk assessments were not in place for the balconies and sensor mats which meant people may have been at risk. We served a requirement notice and the provider sent us an action plan detailing what they would do to meet the regulations.

During this inspection we found the registered manager had completed risk assessments and plans to minimise identified risks for balconies and sensor mats. Risk assessments were also in place for health care risks, mobility and equipment such as hoists and the environment.

The provider had policies and procedures in place designed to protect people from abuse. Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager had worked closely with the local authority safeguarding team and was keen to share their learning from the process which they had found helpful.

People told us they felt safe living at Lawnbrook Care Home. Comments included, "It's very good here, I feel much safer than at my old home", "I am grateful to be here, I feel very safe", "I feel safe here specially at night", "Staff here support me well. I feel safe, I felt lonely before I was here" and "I have been here a long time and I feel safe."

Staff had received fire safety training. Regular safety checks were completed, for example, regarding gas and electrical items and lifting equipment.

People's needs were met by suitable numbers of staff who knew people's needs well. People told us there were enough staff and that they responded when they asked them to come to their bedroom. One person said, "The staff come quickly when you need them."

Staff also told us they thought there were enough staff to meet people's needs. The registered manager said they planned the staffing levels "according to the needs of the residents" and that they made arrangements to ensure permanent staff were available to cover staff sickness or absence. Agency staff were used to cover gaps in the shift rota where necessary. The provider employed staff in a range of different roles including care staff, cleaning, laundry, kitchen and maintenance staff. Each role contributed to the smooth running of the home.

Recruitment procedures were in place which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Medicines were stored safely and accurate records were kept showing people received their medicines as

prescribed. People were supported with their medicines by staff who were trained and assessed as being competent to do so. Some people were prescribed medicines 'when required.' There were care plans in place for these medicines which supported staff to know when they should be offered.

People were protected by the prevention and control of infection using risk assessments and maintaining the cleanliness of the home. An audit was completed monthly to identify any risks to good infection control and action was taken when necessary. The registered manager had oversight of the monthly audits.

Staff used personal protective clothing such as gloves and aprons. A staff member was employed in the laundry and they explained the process they followed to ensure good hygiene with regard to soiled linen. The Food Standards Agency had visited the kitchen and had awarded Lawnbrook Care Home a grade five, which is the highest possible rating.

Lessons were learned and improvements made when things went wrong. The registered manager gave us an example regarding the process they had used to undertake a pre-admission assessment. The registered manager had reflected on the process they used and found it did not cover all the necessary aspects to ensure all the information was made available to them. This had meant the assessment was not accurate and their needs could not be met at Lawnbrook Care Home. The registered manager had subsequently changed the process to minimise the risk of this happening again.



## Is the service effective?

### Our findings

At our last inspection of 24 February 2017, we found records had been completed regarding Mental Capacity Act assessments but these were confusing and unclear.

During this inspection we found the records clearly showed what decisions were being considered and the outcomes. The registered manager had a written record of the conversations they had with people and used their responses to evidence how the decision had been made and why. An example of a decision taken in a person's best interest was for one person to move to another bedroom so their safety could be better assured.

Staff had training about the Mental Capacity Act 2005 (MCA). The 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. Staff followed the principles of MCA in their daily practice by involving people in their care and support.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was following the necessary requirements.

People's needs were assessed before they moved to the home to ensure that staff could meet their needs. The registered manager went to meet people in their home or in hospital to talk to them about what they would like. The registered manager also spoke with health care professionals, when appropriate, to gather more information.

People were supported by staff who were trained appropriately for their role. New staff completed an induction as well as the Care Certificate. This is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. The provider had a training programme in place which included face-to-face sessions as well as on-line training. One staff member told us the training was, "regular, there is lots of training online. Moving and handling [training] is practical. We have to use [the hoist] on each other. It is good to refresh, we need to keep on top of it." Training also included food hygiene, infection control and handling medication. The majority of staff, including cleaning and kitchen staff, completed training in supporting people living with dementia. Staff were also supported in their work by regular one to one supervision sessions and annual appraisal.

People told us they enjoyed their meals. Comments included, "There is so much food here, they make their own soup and it's lovely", "The food is very nice, no complaints from me", "The food here is excellent" and, "The food here is amazing, they always give us a choice and there is plenty of it." A relative told us, "The food here is fantastic, I have had it myself."

People were offered a choice at mealtimes and could choose snacks and drinks. Staff spoke to people the day before to ask them what they would like for lunch. However, the registered manager and staff that some people living with dementia may forget what they had chosen, or people may change their minds. Therefore, staff showed people two plates of food before lunch was served so that they could make a choice after seeing and smelling the food. Staff told us that if people did not choose one of the main meals, "We can offer them anything: scrambled egg or a sandwich, [the kitchen staff] will make anything."

Staff were aware of dietary needs and the importance of ensuring special diets were followed. Some people required a gluten free diet, some needed their food to be soft or pureed. Where concerns had been identified around people's eating and drinking, this had been referred to the Speech and Language Therapist (SALT) and staff followed their professional advice. Staff supported people to eat when necessary, for example, we saw one person was using their cutlery in a way which was not safe. Staff noticed and went to them and supported them to change what they were using whilst still retaining their independence and dignity. Some people had specially designed crockery to help them remain independent whilst eating.

People were supported to access healthcare services and on-going healthcare support when necessary. One person told us, "When I am not well, [staff] know exactly what to do and that helps me feel better" and another person said, "The doctor comes quickly if I want to see him." Records showed a range of healthcare professionals visited people, including a dietician, dentist and optician. The home had also worked with the 'Enhanced Health in Care Homes Team' which had been set up by the local Clinical Commissioning Group to reduce admissions into hospital.

The home was arranged over three floors with the main lounge dining room on the ground floor and other floors were accessed using a lift. Several people had lived in the home many years and the registered manager told us that people found their bedrooms independently. The provider had made some changes to the furnishings following an audit around best practice for people living with dementia. These changes had included buying new chairs in bright colours and ensuring doors were different colours. The furniture and fixtures looked to be in a good state of repair. When the weather allowed, people were encouraged to sit outside in the garden and some activities took place there. The activities co-ordinator bought plants in the spring, supported people to plant them and encouraged people to look after their own plant. Sometimes lunch was served on the patio and family could also sit outside with their relative and refreshments were taken out.

## Is the service caring?

### Our findings

People were treated with kindness, respect and compassion and during the inspection we observed staff interacting positively with people. People told us the staff were kind and caring. Comments included, "All the [staff] here are very kind, there is plenty of people around", "The staff are very good", "The handyman is so respectful, he is lovely", "I get on well with the staff here, they all call me 'mam'. You never have to wait too long for staff, it depends on how busy they are. I'm like a mother figure, they tell me it's about respecting their elders when they are providing care, it's nice; they show respect and we show respect back. They all know my needs well", "The staff are lovely and kind, they respect me as an individual", "Staff are kind to me, I love it" and "I used to feel stuck but not now, they look after me."

People were supported to express their views and be involved in making decisions about their care. People told us they made their own choices, for example, what to wear, when to get up and whether to join in any organised activities. People had personalised their bedrooms and one person told us, "It's lovely here, such a nice place, I have all my own personal items here."

There was a named Dignity Champion, whose role was to promote good practice around respecting people's dignity and to support continuous improvement. People's privacy and dignity was respected. We saw staff treating people with dignity and respect, knocking on doors before entering bedrooms. One staff member told us, "It is their home." We also saw that some people were assisted at meal times in their own rooms and we saw this was carried out in a respectful and dignified manner. People were encouraged to remain independent, for example, by applying lipstick where this was their preference.

## Is the service responsive?

### Our findings

People received personalised care which was responsive to their needs. One person told us, "[Staff] really look after people well. I can't complain, it's 'blumin' brilliant. I would recommend this home to anyone; I mean look at my view!" A relative said, "I am confident in the care provided here."

People had care plans in place which covered a range of information about people's social histories, preferences and support needs. Where people had healthcare needs, such as diabetes, there was detailed information in the care plan about how this affected people's health as well as signs to look out for to identify if their health needs were changing. Care plans also detailed how people liked to be supported with their personal care and whether they needed any equipment, for example, walking frames. Care plans were kept under review and changing needs were identified. One relative confirmed this, by telling us, "We have regular care reviews."

The provider employed an activities co-ordinator who worked in the home for half the day, Monday to Friday. People told us they enjoyed activities and one said, "There is always something going on." A relative told us, "The Christmas party was lovely." Activities included baking, manicures, flower arranging, knitting, exercises to music and reminiscence. Entertainers visited the home, as well as a musician and local school children. Not everyone chose to join in group activities but the activities co-ordinator would spend time with them on a one to one basis if they wished.

The activities board showed that 'pet therapy' had been planned, in advance, for one of the days we inspected. The hairdresser brought their dog into the home and spent time with people in communal areas as well as in people's bedrooms, if they wished. We saw that people appeared to thoroughly enjoy this interaction, gave the dog treats and wanted it to sit on their laps. This activity was further enhanced by using the therapy dog to talk about people's own pets and reminisce about working dogs and other animals. The activities co-ordinator knew people well and was able to support them to enjoy the activity on offer.

The provider had a complaints procedure in place and it was displayed in the entrance hall. One person told us, "I know how to complain if I wanted to, the manager is lovely." There had not been any formal complaints since the last inspection but the registered manager described an issue which had arisen and how they responded to the person's satisfaction.

The service provided responsive and compassionate care at the end of people's lives. The registered manager told us how people's needs at this time of their life, could change, for example, their appetite. Staff worked with healthcare professionals and supported people to be pain free and maintained their dignity at this time in their life. Family were supported to stay with the person and staff also spent time with the person when this was appropriate.

## Is the service well-led?

### Our findings

At our last inspection of 24 February 2017, we found audits did not identify the concerns we found regarding consent in care plans and the lack of risk assessment regarding balcony doors and sensor mats as well as gaps in charts used to record the use of topical creams.

During this inspection we found the registered manager had addressed these concerns and audits were effective in identifying where improvements were needed.

The registered manager promoted a positive culture which was open and inclusive. People told us they knew who the registered manager was. One person told us, "The manager is excellent, she always makes sure we are all ok. I am confident that if I had a grumble, I would be listened to by the manager" and "I know the manager well, they are always nice to me." One person told us they thought the home had, "improved a lot recently. The staff all seem happy, they don't seem to want to leave."

Staff spoke highly of the registered manager and felt them to be supportive. One staff member told us, "The [registered manager] involves us, we are the ones on the floor so it makes a difference. Morale has improved, because they involve us. We can give feedback, [the registered manager] listens." They also said they could approach the provider and felt relaxed around both of them. Another staff member said, "I wanted to work in a small company, like a family and I found what I was looking for. [The registered manager] is really hard working, any problem, we can talk to them. [The registered manager] is very helpful, always tries to explain [things] and supports me."

There was a management system in place and individual staff responsibilities were clear. The registered manager told us they had, "Very good support" from the provider. The provider had sought the services of a mentor and the registered manager had found this to be very beneficial. There were several staff who were named 'champions' of a certain topic, for example, infection control and dementia. Part of the role of the champions was to undertake audits and identify any action needed to improve the service. The registered manager had oversight of each aspect. The registered manager was aware of their legal responsibilities and sent us relevant notifications when necessary.

People and their relatives felt they were involved in how the service was run. One person said, "We have meetings here and we get to make choices." Relatives also said they were involved and were pleased with the service provided. One relative told us, "We looked at 20 care homes and this one felt right. The staff here are kind and my family member is well cared for. I can't fault them, [staff] keep us informed at all times and we are made to feel welcome." Another relative said, "I would recommend this home to anyone, they have been helpful and always provide the information we need and are supporting me to get my [relative] home. The Christmas party was very good. I can't fault the staff, the home is always clean, and I am always involved."

The provider and registered manager had started to use technology to continuously improve and innovate the care provided. The provider had recently implemented a new electronic system which was used to

ensure people's care needs were met, for example, a reminder was sent to staff to offer medicines or drinks. Records were then completed using a mobile telephone so staff and the registered manager could see if a person had received their morning medicines, for example. Staff were kept informed of what happened in the previous shift using an email handover system. This also meant that the registered manager was always aware of any issues whilst they were not in the home.

The registered manager had put a range of audits in place to ensure they were able to monitor people's changing needs, for example, a falls management audit. This audit noted details about who had fallen, when and where and the registered manager analysed the information, looking for trends which may identify areas of concern. One example was that, because of a number of falls, the GP was asked to review the medicines prescribed. This was done and the number of falls lessened straight away. Other audits were also completed to ensure the quality of the service improved.

The registered manager regularly sought the views of people using the service. When people were new to the home, they were given a survey to complete. Surveys were then given out every six months or so, or when there had been an event, such as a party. We saw the most recent survey results and saw all the responses were positive about the care provided. The home also received 'thank you' cards. Less formally, the registered manager walked around the home when they arrived in the morning, asking people how they were and was visible in the home throughout the day.

The registered manager worked in partnership with other agencies to improve the quality of the service provided. One example was that the local Clinical Commissioning Group had conducted an external audit of medicines and suggested some action points for improvement, which the registered manager had approved.