Runwood Homes Limited

The Lawns

Inspection report

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Warwick
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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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 1 and 6 December 2016. The visit was unannounced on 1 December 2016 and we informed the operations director we would return on 6 December 2016 to speak with the registered manager.

The Lawns is a residential home which provides care to older people including some people who are living with dementia. The Lawns s registered to provide care for up to 76 people. At the time of our inspection there were 54 people living at the home.

This home was last inspected in December 2015 and was rated as 'requires improvement'. We found a breach of the regulations relating to the governance of the home. At this inspection we found improvements had been made, although we found some improvements where still required in the management and governance within the home. The provider had not always followed their action plan to ensure improvement actions were taken and sustained.
A lack of consistent management of the home, meant some of the quality assurance systems were not thorough or regularly checked. When some monitoring or management checks were delegated to others, improvements did not show what action, if any, had been taken to improve the delivery of service. We could not be confident statutory notifications involving serious incidents and safeguarding concerns had been sent to us.

The home had a registered manager. 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 and associated Regulations about how the service is run.

People and relatives were complimentary about the care and support they received. People received care that enabled them to live their lives as they wanted and people were supported to remain as independent as possible. People were supported to make their own decisions where possible and care was given in line with their expressed wishes.

Care plans contained accurate and relevant information for staff to help them provide the individual care people needed, although some care information required updating, such as people's assessed dependencies which determined the levels of care needed.

People's care and support was provided by a staff team who were knowledgeable, trained and knew people well.

People were encouraged and supported by a caring staff team. People told us they felt safe living at The Lawns and staff knew how to keep people safe from the risk of abuse. Staff understood what actions to take if they had any concerns for people's wellbeing or safety. However, we found two examples of potential

safeguarding incidents that the provider had not reported to the relevant authorities.

Potential risks were considered positively so that people did things they enjoyed. People were encouraged to maintain relationships and kept in touch with those people who were important to them.

Staff received essential training to meet people's individual needs, and effectively used their skills, knowledge and experience to support people and develop trusting relationships.

There were enough staff to support people and the permanent staff team were being supported by high agency staff hours whilst the provider continued to recruit to fill all vacancies. The senior management and registered manager needed to better understand what tasks staff did, to help ensure people continued to receive a prompt and effective service.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, staff's knowledge and people's records ensured people received consistent support when they were involved in making more complex decisions, such as decisions around finances or where they wanted to live. Staff gained people's consent before they provided care and supported people to retain as much independence as possible.

Some people were supported to pursue various hobbies and leisure activities but others felt staff did not always spend time with them to do the things they enjoyed.

People had meals and drinks that met their individual requirements and people said they enjoyed the food choices provided.

People told us they could raise concerns or complaints if they needed to because the provider, registered manager and staff were available and approachable.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

People felt safe living at the home. They were supported by enough staff who were available to provide their care and support when required. Staff understood their responsibilities to report any concerns about people's personal safety or if they believed people were at risk of abuse or harm. People were supported with their prescribed medicines from trained staff which ensured people received their medicines safely.

Is the service effective?

Good

The service was effective.

People were cared for and supported by staff who had the relevant training and skills for their roles. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) and made sure people's freedoms were not unnecessarily restricted. Staff respected people's decisions and gained people's consent before they provided personal care. People were referred to other healthcare professionals when their health needs changed.

Is the service caring?

Good

The service was caring.

People were treated and respected as individuals and staff were kind and considerate, when they supported people. Staff were understanding, patient and attentive when people needed support. Staff had good knowledge of people's individual preferences, how they wanted their care delivered and how they wanted to spend their time. Staff helped promote people's independence by supporting people to do certain tasks they could do themselves.

Is the service responsive?

Good

The service was responsive.

Staff knew the needs of the people they supported and provided

their care, in line with their agreed wishes. People felt confident speaking with the registered manager to raise any issues or concerns knowing their concerns would be listened to. People were involved in care planning decisions, and how they wanted to spend their time pursing their personal hobbies and leisure interests.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

The provider had systems to monitor the quality of service. However, the lack of a consistent registered manager, meant improvement actions were not always taken and recorded to demonstrate people received a good service, despite frequent managerial changes. We could not be confident statutory notifications involving serious incidents and safeguarding concerns had been sent to us.

The Lawns

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 1 December 2016, was unannounced and consisted of two inspectors and two experts by experience. An expert by experience is someone who has experience of caring for someone who uses this type of service. One inspector returned on 6 December 2016 which was announced, to speak with the registered manager.

We reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We contacted the local authority, who did not provide us with any information that we were not already aware of. We also looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

To help us understand people's experiences of the service, we spent time during the inspection visit talking with people in the communal areas and in their own rooms, with their permission. This was to see how people spent their time, how staff involved them, and how staff provided care and support and what they thought about the service.

During our inspection visit we spoke with 14 people who lived at The Lawns to get their experiences of what it was like living there, as well as seven visiting relatives. We spoke with the registered manager, a dementia service manager, regional care director and an operations director.

We spoke with three care team managers (CTM) and three care staff. (In the report, we refer to these as care staff).

We looked at four people's care records and other records including quality assurance checks, complaints, statutory notifications, medicines, survey results and incident and accident records.

Good

Is the service safe?

Our findings

People felt safe living at The Lawns and they explained to us, what made them feel safe. People said knowing there was a coded door and on occasions, a manned reception gave them confidence they were safe. One person said, "It's very secure here." Other people said at their previous own residential property or at other residential homes, they had fallen and were worried support was not always on hand. Most people said since moving to The Lawns, they had not fallen and one relative supported this by saying, "No issues with falls or pressure areas, staff give 100% to her." One relative said, ""The care [person] receives here is extremely good."

Staff understood their responsibilities to share any concerns that people might be at risk of abuse.
Care staff told us they had training in safeguarding and knew what to do if they had any concerns that people might be at risk of abuse or harm. They told us that abuse might be physical or emotional. They told us the signs they would notice included unexplained bruising, if the person appeared withdrawn, or any changes in the way a person responded towards staff. They told us they would report any concerns to the care team manager (CTM) or registered manager and write a report to explain their concerns. Staff told us the provider's whistleblowing policy gave them confidence their concerns would be taken seriously and investigated. Two staff told us they knew they could share information with CQC anonymously on our (CQC) 'Share your Experience' website, if they were not happy with how their concerns were investigated and dealt with.

The registered manager at the time of this inspection visit, knew what action to take and if concerns were raised to them, they said they would notify the safeguarding team. However, for previous registered managers this was not always the case. We found two safeguarding incidents for the same person, had not been raised with us or the local authority safeguarding team. The operations director said the provider had investigated both concerns and found the person had withdrawn both allegations. We spoke with the regional care director about this who on reflection, agreed to submit these statutory notifications to us, and notify the relevant bodies without delay.

Risks to people's individual health and wellbeing were assessed and action taken to minimise the risks.
People's care plans identified risks to their health and welfare, the control measures in place and the equipment and number of staff need to support them safely. Staff were knowledgeable about the actions they should take and how they needed to support each person to minimise the identified risks. For example, staff understood how the time of day and certain events of the day, could increase or decrease the level of risk to people so took appropriate action.

Staff gave us examples in how they reduced risks to people and others, such as monitoring behaviours and triggers or people who walked around the home with the objective of finding familiar family faces. Staff recognised some people were more agitated after sleeping, for example, especially if the person had a sleep mid-afternoon or early evening; staff were able to administer important medicines around this, to manage their health conditions. This reduced the opportunity for the person to refuse their medicines or become distressed. These levels of support were documented in the person's care records so staff had up to date

and important information to refer to.

Staff knew about people's individual needs for support and explained the actions they took to minimise risks to people's health and wellbeing. For another person, whose ability to mobilise independently fluctuated, staff told us, "It depends on how [Name] feels at the time." On each occasion that the person wanted to move from one place to another, we saw staff invited and encouraged them to maintain their independence, but recognised when the person needed more support to move safely.

We received mixed opinions from people and relatives about staffing levels within the home and whether there were enough available staff, who knew what their needs were. Comments made were, "It's alright apart from weekends when there isn't enough staff", "Most of the time it's okay. There is a high turnover of staff…the regular staff are very good...it seems Friday night and weekends are the worst" and "When I ring my bell, they come in no more than five minutes." Speaking with people and relatives showed us people had different experiences, however everyone agreed their main concern was a lack of continuity of staff and staff being moved throughout the home, rather than caring for people on the same floor. One relative said, "Not getting the continuity of staff. They move them upstairs and [person] has to get to know new people all over again, although it's not caused problems." Another relative said, "Turnover of staff is a concern to us."

During our inspection visit, we saw there were enough staff to respond to people's individual needs for practical and emotional support and call bells were answered promptly. People told us staff had time to sit and talk with them about subjects that interested them, such as their families and events they planned to attend. We saw this happened during our visit.

Care staff and CTMs told us there were enough staff on the rota to support people. Staff said following our last inspection visit last December 2015, staffing levels had improved. People's care plans included people's individual dependency assessments which determined how many staff were needed to support them safely. The operations director said each registered manager was required to use this tool to give them assurance staffing levels met people's assessed needs. However, the registered manager told us they were not using this dependency tool as they were confident, the staff care hours used exceeded what was required. We looked at one person's assessed dependency and found staff had not accurately recorded their true dependency. The regional care director agreed to review everyone's assessed needs to make sure staffing levels remained effective to support people safely.

The registered manager told us there were not enough permanent staff to fill all the care hours required. For week commencing 28 November 2016, the registered manager used 372 hours agency staff per week, to make sure staffing hours met people's needs. The high use of agency staff was noticed by people living at the home, and their relatives. People and relatives believed staffing levels were low because of the lack of permanent staff, rather than not enough staff to support them. Some people had experienced some delays, but the majority of people were satisfied. The provider was recruiting care staff at the time of our visit. The operations director and regional care director recognised they needed their own bank of permanent staff to reduce their reliance on agency staff. Staff told us they regularly picked up additional shifts and worked longer shifts to ensure agreed staffing levels continued to be met.

People got their medicines when required, one person said, "I rattle, the pills start at 6.30, 12.30, 4.30, 8.30, no delays. I get pain killers (when needed), they offer and I accept them." Medicines were managed, stored and administered safely, in accordance with best practice guidance. Staff told us only trained CTM's administered medicines. A CTM showed us how people's medicines were managed and administered safely. Each medicine tray was accompanied by a pre-printed medicines administration record (MAR) with the person's photo for safe administration. Records showed staff recorded when medicines were administered

or recorded the reason they were not administered.

The CTM showed us how they managed medicines that were supplied in boxes and medicines prescribed for 'as and when required' or PRN medicines. They said for them, good practice was to count all tablets when they were received into the medicines store and made a record of how many were administered and how many were left on each occasion they were administered.

The provider had effective systems that kept people safe in an emergency. These included regular fire alarm testing and fire equipment checks. Each person had a personal evacuation plan that provided the emergency services with important information about their mobility and any equipment needed to evacuate them safely. People's levels of mobility was identified by a coloured dot in their file, which corresponded with the same coloured dot on their own personal room door, designed to ensure a smooth and planned evacuation.

Good

Is the service effective?

Our findings

People told us staff knew how they wanted their care delivered, in line with their individual choices and the levels of support they required, depending on their abilities. People said they received care from staff who had the required skills and knowledge to effectively meet their needs. A relative said, "I feel the staff know what they are doing and I have confidence in them. The staff know her needs." One person told us staff were effective because, "Staff do what they should."
We saw people were supported effectively by staff during our inspection visit. Staff demonstrated an understanding of people's needs and how best to care for and support them. Staff's approach and behaviour resulted in smiles and a positive response from people.

Two staff told us they had been in post for just a few months, and this was their first role in care. They told us their induction included meeting people who lived at the home, shadowing experienced staff and training in the skills they needed to meet people's needs effectively. Training included face-to-face training in fire safety and using hoists, slings and other equipment. Staff had to take a turn in the hoist so they understood exactly how it would feel to be supported to move in this way. They told us helped them to understand the need to reassure people when using moving and handling equipment. Staff told us they also had on-line training, for example in infection prevention and control, and had to pass all the tests before they could be assessed as competent in their role. The registered manager recorded and reviewed when staff training required updating. The registered manager told us staff were scheduled to attend 'refresher' training sessions to ensure their knowledge remained updated. The provider's training was linked with the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff working in a care environment.

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Records showed people signed their consent to care, to photos, to staff managing their medicines, and to their information being shared with appropriate agencies. For people who were unable to consent, the registered manager, relatives and healthcare professionals had agreed how they should be cared for in their best interests.

In the four care plans we looked at, individual mental capacity assessments for people's understanding and memory, confirmed which decisions people could make for themselves and which decisions should be made in their best interests. For example, for one person who lacked capacity to make decisions, staff made everyday decisions about how to support them with personal care and to maintain their nutrition and health, but the decision for them to live at the home had been made by a team of healthcare professionals and relatives. For people who lacked the capacity to decide to live at the home, the registered manager had applied to the supervisory body, for the authority to deprive them of their liberty, because their care plans included 'restrictions to their liberty'.

Staff understood the principles of the Act and assumed people had capacity to make everyday decisions. Staff checked with people whether they wanted assistance before supporting them. For those people who were unable to communicate verbally, staff maintained eye contact and watched the person's facial expression and body language, to understand whether they consented to 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had identified 20 people whose care plans contained some restrictions to their liberty and had submitted the appropriate applications to the authorising authority which had been granted. The registered manager and a representative from the provider assured us they understood their legal obligations to comply in totality with all conditions attached to a DoLS authorisation. However, the provider had not submitted statutory notifications for those approved DoLS applications. The registered manager agreed to submit them to us retrospectively.

People were supported to eat and drink enough and to enjoy mealtimes. At lunchtime we saw people were supported and encouraged to socialise, to make lunchtime an enjoyable experience. Tables were laid with cutlery, napkins and a jug of gravy was brought to the table for people to help themselves. People were offered a choice of drinks, a choice of main meals and second helpings. Everyone was shown a sample of the two different meals, so the choice was obvious and simply explained. One person told us this helped them, "I can choose my own meals."

For people who preferred to eat in their own rooms, staff took their meals to them, covered to ensure they remained hot. They explained each person's preference to us as they went from room to room. We heard pleasure in people's voices as they greeted the member of staff at their door. We saw staff waited until each person was sitting up appropriately to eat before they moved onto the next person.

People were supported to maintain a balanced diet that met their needs and preferences.
Staff told us they knew about people's dietary needs, preferences and any allergies because it was included in their care plans and was on a white board in the CTM office, although some white boards were not reflective of people's current needs. A CTM told us they knew about people's dietary needs, preferences and any allergies because they regularly reviewed people's care plans and 'kept it in their heads'. They told us a CTM was always on duty to serve meals so they were confident people were offered a diet that was appropriate to their needs and met their preferences.

For those people who were identified as at risk of poor nutrition or poor fluid intake, a member of staff showed us how they completed food and fluid charts before and after lunch, This matched the information we were told about those people. Fluid monitoring charts included a recommended target amount for the day, in accordance with the GP's advice. Staff did not always total how much people had drunk but they knew who to encourage to drink more frequently before the end of the day. A member of care staff told us CTMs monitored people's intake, although this was not always evident from records we saw. CTM's were confident people were referred to the GP if they had any concerns.

People were supported to maintain their health and were referred to other healthcare professionals, such as GPs and dentists, when needed. One person said, "Doctor visits here and the chiropodist. I was poorly one night; the ambulance was here in ten minutes." Another person praised the care they had from staff and other healthcare professionals. They said, "When I came here I hadn't been able to walk for nine months, the physios have got me walking again".

People's medical histories supported staff to recognise the signs of ill health. People were regularly weighed

to make sure any weight loss was recorded and appropriate advice obtained. Records showed staff recorded when healthcare professionals were asked to visit, and the advice the healthcare professionals gave, so all staff knew how to support the person to maintain and improve their health.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff and were complimentary about the staff who provided their care. Comments people made were, "I would say they care….I've never seen a member of staff neglect a resident here", "They are very good, pleasant" and "Seeing you unable to help yourself, they are very respectful". Whilst people were complimentary about the staff team, some people said staff did not always spend as much time with them as they wanted, because they were busy. Speaking with people during our inspection visit, showed inconsistencies in the time staff spent with people, as others said staff spent time with them, chatting about their interests.

People said staff knew them well and understood the things they enjoyed. One person said, "If, I'm not ready to get up, I say can you leave me a half hour and they do." Another person said staff supported them with the right balance of helping them, whilst promoting their independence. This person told us, "I'm normally in my wheelchair from 8.00am to 3.00pm then they put me to bed, it's my choice. It's up to me when I get up." They said they liked to "Watch TV and read the paper...I am quite happy."

People were supported by kind and caring staff. We saw people were treated with kindness and thoughtfulness by staff who knew them well. Staff understood people's individual behaviours and attitudes made a difference to their experience of the service. Staff spoke to each person by their preferred name, and maintained eye-to-eye contact when speaking with them. We saw people's facial expressions relaxed when staff touched their shoulders or arms while talking with them.

Staff understood the importance of person centred care and how to give each person their undivided attention at the time they supported them. The person smiled to show they appreciated this. Staff told us they regularly worked with the same people, so they knew them well and agency staff members usually supported the same people. Staff explained the signs and behaviours individual people displayed that indicated when they were anxious or becoming agitated.

All the staff we spoke with understood how to reassure people to decrease their agitation. For example, staff were clear that if they spoke to one person by their full name it would cause them to be agitated. They told us they always referred to the person by their short name.

We observed different staff adopt exactly the same approach in supporting one person to sit comfortably and to offer reassurance. Staff knew about people's individual concerns, their families and who they preferred to spend time with. Staff were pleased to tell us their 'patient support and understanding' had been effective at supporting one person to choose to spend time with other people, when they had previously only chosen to spend time alone.

People's care plans included a section entitled 'My day' which included details about people's previous lives, work, families, significant events and the names of people who were important to them. A member of staff told us the documents were made by the activities co-ordinator by talking, observing and learning about the person. Staff told us they wanted to do more work on these kind of records, as they got to know

people better over time so they had a better picture of the person they supported.

We saw copies of people's 'My Day' documents were displayed on notice boards in their rooms, which enabled staff to quickly establish a rapport with people, even if they did not work with them regularly.

Staff told us they had recently attended a dementia leadership course, which had significantly improved their understanding of how to support people who lived with dementia. They told us, "I really enjoyed it. It was brilliant. I learnt so much that I didn't know before." The regional care director told us all staff were trained, the maintenance person was one of the 'dementia champions' at the home.

People were supported to maintain their dignity and were treated with respect. Staff understood the importance of supporting people to maintain their dignity. For example, a member of staff explained that one person who took particular pride in their appearance sometimes had difficulty in manipulating cutlery effectively. The person was more confident using a spoon for their meals, but sometimes appreciated staff's support to eat, rather than risk spilling food on their clothes. We saw the member of staff was observant to the person's variable abilities and offered support appropriately at lunch time, which preserved the person's dignity and enabled them to socialise with others confidently.

The environment promoted people's wellbeing. Communal rooms were large, light and arranged to enable small groups of people to engage in separate activities at the same time. There were 'tea rooms' and a café where relatives could sit and take tea and coffee and a selection of biscuits were made available to people and visitors.

People were supported to maintain their dignity and were treated with respect. Everyone we saw wore clean clothes and were dressed appropriately to their age and temperature of their environment. Staff respected people's privacy and people told us they felt comfortable and at ease, when supported. Relatives felt their family members privacy was maintained, especially when they were in their relatives room, visiting. One relative said, "When she wants to go to the toilet they (staff) ask me to step out."

Good

Is the service responsive?

Our findings

People told us their needs and wishes were responded to although at times, some people experienced delays between requesting help and receiving it. Some people and relatives said on occasions it was difficult to find staff when help was needed, but understood staff where busy responding to others. Overall, people told us staff were responsive to their needs but said some agency staff did not always know their routines. One person said, "I raised staff levels with the owner recently regarding paying money for agency staff. He said they were looking at it." The registered manager said they used agency staff to reinforce the staffing levels until they had enough permanent staff. From our observations during our inspection visit, we found staff were busy, but were able to respond to people's needs, as well as observing people to ensure they remained safe and cared for. We saw one staff member complimented a person who had just been to the hairdresser. This person smiled which showed us they appreciated this comment.

Staff understood and responded to people's anxieties and fears, especially when people's changing behaviours were less predictable. Staff knew what to say to this person which helped de-escalate any potential challenging situations and limit risk to them and the person. Across both days of our visit, we saw changes in this person's behaviour and the different actions taken by staff, responding in a way which kept their agitation to a minimum.

Staff had books they could refer to that told them important information about the people they cared for. One person said they could not remember whether there was 'a book about them' but said staff did remember their preferences. They told us they used to enjoy gardening in their younger years, but that did not mean they wanted to spend time 'standing around in the garden now'. They told us staff understood the difference between what they used to enjoy and what they currently enjoyed doing.

People and where necessary relatives, were involved in planning and agreeing their care and support plans. The pre-admission assessment included people's and relatives' expectations of what the service would deliver and the anticipated benefits. This helped the provider and families know if the person was able to be cared for safely, before they moved into The Lawns.

We saw staff understood people's individual needs for reassurance and knew how to maintain their sense of self and wellbeing. For those people with a diagnosis of dementia, the registered manager had completed a separate dementia impact assessment, because dementia impacts people in different ways, which may be related to their earlier lives and experiences. The assessment supported staff to understand people's individual behaviour and response to particular situations, memories and words. Staff explained to us how people they supported were different and how they tailored their approach to the person. One staff member said, "It's always what the person wants, it's their choice and I follow it, it depends on their dementia." Records showed monthly care plan reviews included a review of risks to people's health and wellbeing and care plans were updated when people's needs changed.

People were supported to maintain their interests and preferred pastimes and had opportunities for purposeful activity and socialising. Some people said they continued to be involved in things they enjoyed.

Comments people and relatives made were, "She likes painting and art; they have a good girl who organises activities. She does bingo, word games and a book quiz "and "The carers come and chat with me for 5/10 minutes every day occasionally." During our inspection visit, we saw people engaged in different activities and events. During the morning a group of people watched, smiled and made suggestions, while staff decorated a Christmas tree. The member of staff was singing and chatting with people while they worked. Christmas music played at lunchtime to prolong the festive mood. In the afternoon, several people went into the tea room with the activities coordinator and spent the afternoon icing and decorating sponge cakes. At tea time a group of schoolchildren visited the home and sang Christmas carols all around the corridors of the home. The following day, people told us they enjoyed the carols.

However, some people and their relatives felt their social needs were not always met. Most of the comments were staff, "Don't ask about what I would like to do." Some people said they used to go out on visits but lately, these had decreased. One person said they used to go out for a coffee which they enjoyed but had only done this twice in the last six months. They were not given a reason why. Staff told us they had time to respond to people's individual needs. One member of care staff told us they had recently accompanied one person to the local shop at the end of their shift. They told us they would like to do this as often as possible because the person was so pleased to go out. Staff told us they would really enjoyed supporting people to go 'out and about' more often, but recognised more staff would be needed to make sure people at home were still supported safely and effectively. We spoke with the registered manager about this who assured us they would discuss activities and interests with people to get their feedback so they could take action.

The provider's policies included making relatives and visitors feel welcomed. The reception desk was manned by a local volunteer, so there was someone to greet visitors during office hours. Immediately opposite the front door was a café area for people and visitors to help themselves to a hot drink and snacks, as they would in their own homes. We saw several people and visitors using this room during our inspection visit. Plans were being discussed to consider using the café as a dementia café and invite people from the local community.

There was information about the home, mealtimes and planned events and activities to keep visitors up to date, even if their relations did not remember to tell them about these things. We saw a list of dates of 'resident and relatives' meetings planned for this and the following year, as well as information about advocacy services. The provider's complaints policy was displayed outside each communal room to make sure people and visitors knew how to make a complaint and what response timescales to expect.

People and their relatives knew how to complain about the service and comments demonstrated they felt confident to raise concerns and action would be taken. One person said they had raised a concern and, "The new manager has sorted things." Some people, whilst they knew how to complain, they did not always know who was 'in charge'. The constant change of manager meant some people did not know who to address their complaint to, but would speak with staff if they wanted to raise a complaint.

Relatives said if they were unhappy with the service they felt confident to do so and knew who to approach. One relative said they had 'verbally' raised their concerns about the effectiveness of how laundry was managed. They said, "I have now labelled all of her drawers and wardrobe space so that clothes go back where they should and I can easily check whether [person] has enough for the next day. They say they don't mind that I have taken these measures."

We looked at the complaints received and found 10 complaints had been received in 2016. The registered manager said all complaints were investigated and responded to within the provider's timescales. The registered manager said they were always available to speak with people to limit formal complaints being

received and had an 'open door policy'. The operations director said previous managers at the home did not always make themselves visible and available.

Requires Improvement

Is the service well-led?

Our findings

When we inspected the home in December 2015, we identified a breach of the regulations related to quality monitoring and governance of the home, which we found was ineffective. Following this inspection, the provider was required to send us an action plan telling us how they would become compliant with the regulations. At this inspection, we looked to see if the required actions had been implemented to meet the regulations. We found some actions to improve had been taken however, we found some systems of audits and checks, when delegated to others, were not effective and needed improvement and oversight from the registered manager and provider.

Since the last inspection and including the current registered manager, there have been five managers at this home in a 12 month period. The constant managerial changes has meant some important quality checks have not been completed. For example, following the last inspection the provider's action plan said 'The home has a complaint logging system in place'. We found the complaints log recorded three complaints in 12 months, however we identified 10 complaints had been received. Although action was taken for each complaint, the log had not being completed. , The provider's action plan said 'Staff surveys have been sent out to all staff'. We asked staff and they said they were not aware of these and the registered manager could not produce any surveys for us to look at to see how staff feedback was received, and if any improvements were needed.

The provider's action plan also said, 'There will be regular monitoring and compliance audit visits to evidence comprehensive auditing processes.' We found evidence some audits were completed such as health and safety checks and fire safety checks. For others, there was no evidence to support actions taken, for example, checks of care plans and dependency tools. We spoke with the registered manager, operations director and regional care director about staffing levels and what gave them confidence, this met people's assessed needs. The operations director said the provider had a dependency tool that assessed each person's care dependency into low, medium and high, then staffed to meet levels of people's needs. The registered manager acknowledged they had been told about this, but had not used it since their appointment in August 2016, believing the current staff levels were right. We checked one person's assessed dependency and found it was not completed accurately, even though it had been regularly reviewed, which meant the reviews were ineffective. The registered manager said dependencies and care plans were reviewed, but there was no evidence of audits being completed, nor had anyone identified the issues we found.

We found night staff checked people hourly, which is not what the regional care director or registered manager thought happened. The lack of knowledge in what staff actually did on shift could impact in how quickly staff responded, compared to how the provider had organised staff rotas based on people's dependencies. The regional care director agreed to review this practice in light of our findings, to see if this was the best use of staff time.

Food and fluid charts were to be checked daily by care team managers. We found examples when amounts were not always totalled up or totalled correctly. Some fluid charts showed inconsistencies because some

staff recorded fluids with breakfast, such as milk on cereals or in hot drinks, or water with medicines when some staff had not. The provider's system to check records delegated to others, was not effective and required improvement to ensure actions taken were effective.

We looked at examples of DoLS applications that had been approved. The registered manager said there were 20 approved DoLS applications, but the provider had only submitted two statutory notifications to us. We also identified two potential safeguarding incidents that had not been notified to the local authority or ourselves, which is the registered manager and provider's legal duty to do so. The regional care director agreed to do this retrospectively but this was an example of a lack of oversight by the provider to ensure correct actions were taken.

The registered manager recognised high agency staff use was not ideal and wanted to improve the culture of the home. They said to do this, they needed a stable permanent staff team and people and staff needed stable management. The registered manager said, "The care here is better than it was, staff want the home to move forward."

In each CTM office, there was a white board that recorded on each unit, people's initials, whether people were diabetic, had a do not resuscitate order, pressure areas or a DoLS. On the first floor, we found one white board did not accurately reflect people's needs. Some staff said the boards were accurate however this was not the case. We looked at one person who had a do not resuscitate order in place, yet the board did not record this. The board showed four people had a pressure area when no one did. Some information was written with permanent marker so could not be removed. However, with high use of agency staff use, there could be potential that people did not receive their care and support in line with their agreed wishes and could put people of risk of receiving inappropriate care. This had not been identified by staff or management. We raised this with the registered manager who agreed the boards were useful, but was unaware they were inaccurate.

The location of the whiteboards in CTM offices could impact on people's confidentiality, given they were in view of people and visitors passing by and looking in as people were referred to by their initials. People's personal and sensitive written records were kept confidential although the records system was not consistently managed by day and night CTMs. On the first floor, there was no effective system that kept people's records together and in a structured order which would make it easier to locate specific records. The registered manager agreed to sort this. Records were kept securely in the staff office on each floor so that only those staff who needed to, could access that information. Staff updated people's records daily, to make sure that all staff knew when people's needs changed although some required further improvement to ensure they remained accurate so people continued to receive the right levels of support.

The provider's audit system required further improvement because they had not identified some of the concerns we found. The lack of provider oversight during managerial instability meant effective governance systems were not always maintained and the provider had not always followed their own action plan to improve their governance systems were effective.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager explained to us the challenges they had faced since becoming registered manager with us on 31 August 2016. They said, "I have picked up a lot (of issues) but it has been hard." They said the main challenges had been staff attitudes, staff absenteeism and the culture. They said, "Staff were not

managed but it is not their fault." They said the problem was, "No stable management." They said there was a, "Lack of communication, things not handed over or followed up." They told us, "Families had said to them, 'we have no faith, we have been told the same things'. The registered manager said they were and had addressed staff sickness and were building trust with people and families. They had planned relative and residents meetings for 2017 so people had advanced notice so they could plan to be involved. They said they had held 'family reviews' and were letting families know what the issues were and how they were addressing them. The registered manager said they had a deputy manager who knew people well and who got on well with people and staff. They said they worked well together and were confident together, improvements would be identified and positive action taken.

Speaking with the deputy manager demonstrated an in-depth knowledge of people's individual risks and how they were supported. [For example, by naming all the people per unit on food and fluid charts, other healthcare professionals involved, people's families, with barely a glance at notes or records.] This knowledge enabled them to continuously and informally check that people received the care they needed. The deputy manager demonstrated, by their attitude and actions, how to deliver person centred care to each individual. Staff told us they admired and respected the deputy manager because they led by example. Staff told us, "[Name] is lovely, so good with people. They have the right touch" and "You know they will sort out any problems".

Staff gave us mixed opinions about the management of the home since the last inspection. Some staff shared their concerns because as one staff member said, "We have seen this before." All staff agreed the staff team and CTM's worked well together because there was better communication. Staff said staffing levels had improved which meant they could provide the care people needed and staff said they enjoyed their job. One member of staff told us they enjoyed it more than their previous occupation because they felt appreciated by people and staff. They told us, "It's the best decision I've made" and "It's a good close, tight family feeling. We all get along together." Some staff said the registered manager was supportive to them and provided direction. One staff member told us the registered manager set a good example and gave them confidence to admit if they ever made a mistake, and not try to hide anything. For example, at a recent staff meeting, the manager had apologised for an error they had made in the staff rota and asked staff to speak with them directly to make sure any requested changes were implemented promptly. The member of staff said, "It was reassuring and honest that they put their hands up to it."

The registered manager told us they had improved the frequency of staff supervision meetings which provided staff with regular opportunities to share their concerns or feedback. Training was being monitored and staff were booked on training sessions when required, to ensure their skills and knowledge remained up to date.

The operations director spoke with us and explained following the last inspection, they had spent a considerable amount of time at this home, making improvements to the quality of service people received. They said they had seen a number of improvements in the home but also acknowledged the constant management changes had affected how people, relatives, staff and the wider community viewed the home. They told us better relationships and communication with other healthcare professionals was now benefitting people using the service. The registered manager had invited other healthcare professionals to one of their senior care meetings to help share feedback about how they could all work together. The registered manager said relationships were better and they continued to work with each other to sustain improved communication.

The management team (deputy manager, registered manager, regional care director) were relatively new to supporting the service and assured us their focus and commitment to The Lawns was to continually make

improvements. The registered manager told us, "I am here to stay." The operations director said the registered manager came in and had to make difficult decisions but now those were completed, 'could take a step back and not be so assertive'. They agreed some improvements were still necessary, such as those pointed out at this inspection, but were confident they had the right management and staff team to make those improvements.

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 17 HSCA RA Regulations 2014 Good governance Systems or processes were not robust, established and operated effectively to ensure risks to people were reduced and to provide a good quality service to people. Regulation 17 (1)(2)(a)(b)(e).