

Brighterkind Health Care Limited

The Lawns Residential Care Home

Inspection report

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Date of inspection visit:
08 September 2016

Date of publication:
18 October 2016

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

We carried out our inspection visit on 8 September June 2016. The inspection was unannounced.

The service provided accommodation and personal care to 41 older people. At the time of our inspection there were 38 people using the service, some of who had a diagnosis of early dementia. The registered manager told us that people from the local community or a neighbouring residential service chose to spend short periods of respite at the service.

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.

People were protected from avoidable harm because staff had the training and skills to respond to any concerns they had about people's safety and welfare. The provider had effective systems in place to assess and manage these risks associated with people's care. The registered manager assessed people's needs and used this to deploy sufficient numbers of staff to meet people's needs. Staff managed people's medicines safely and administered them in accordance with people's prescriptions.

The premises and environment were well maintained, spacious and kept in a safe condition. There were plans in place to support each person in the event of an emergency.

Staff had access to a range of training which equipped them with the relevant skills they required to meet people's needs. The provider completed relevant checks which ensured that staff had the right skills, experience and knew how to support people safely.

People were supported in accordance with the Mental Capacity Act (MCA) 2005. Staff sought their consent to their care and treatment. People were supported promptly with their health needs.

People's nutritional needs were met. They had access to a variety of healthy meals that they told us they enjoyed. The provider ensured people were prompted to have enough to drink to minimise the risk of dehydration and associated conditions.

Staff were kind and compassionate to people. They were knowledgeable about the needs of the people they supported and treated them with dignity and respect. They provided the support that people needed to be involved in decisions about their care.

Care was centred on people's individual needs. Their care plans reflected the support that they received. Staff provided people with opportunities to access a variety of social activities and support to follow their faith.

People had opportunities to give their feedback on the service they received. The provider listened to feedback from people using the service and their relatives and acted on them.

The provider had effective procedures for monitoring and assessing the service in a way that promoted continuous improvement. People and their relatives were satisfied with the service they received. Staff felt supported in their role which enabled them to deliver a good standard of care.

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 had access to safe and well-maintained premises and equipment.

Risks associated with people's care were assessed and appropriately managed. Staff knew what constituted abuse. They knew how to report any concerns they had about people's safety.

People received the support they required to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

People were supported by appropriately trained and experienced staff.

Staff understood and practiced the requirement of the Mental Capacity Act (2005). They sought people's consent to their care and treatment and supported them to make decisions about their care.

People had access to a choice of well balanced meals and drinks. They were promptly supported with their health needs.

Is the service caring?

Good ●

The service was caring.

People were supported to be as independent as they chose to be.

Staff provided care in a dignified manner. They ensured that people had the privacy that they needed.

People's friends and relatives could visit and spend time with them without any restrictions.

Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their current needs or the support that they received. Staff supported people to be involved in their care planning.

The care that people received was centred on their individual needs and preferences.

People were supported to take part in a choice of activities. They were supported to follow their interest and their faith.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was highly appreciated by people and their relatives. They were approachable to staff, relatives and people using the service.

Staff had a clear understanding of the standards expected of them. They were supported by the registered manager to meet those standards.

The provider had procedures for monitoring and assessing the quality of the service. They used to improve the standard of care people received.

The Lawns Residential 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.'

We carried out our inspection visit on 8 September 2016. The inspection was unannounced. The inspection team consisted of an inspector, a nurse specialist advisor and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service. The ExE had experience of caring for someone who uses this type of service.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We contacted the local authority who had funding responsibility for some of the people who were using the service. We reviewed the Provider Information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make.

We spoke with five people who used the service, relatives of two people who used the service, a visiting health professional, five members of care staff, the registered manager and the regional manager. We looked at the care records of four people who used the service, people's medication records, staff training records, two staff recruitment files and the provider's quality assurance documentation. We observed staff and people's interactions, and how staff supported people. From our observations we could determine how staff interacted with people who used the service, and how people responded to the interactions. This was to enable us to understand people's experiences.

Is the service safe?

Our findings

People felt safe at The Lawns Care Home. Their relatives also expressed confidence in staff's ability to meet the needs of people that used the service and keep them safe from avoidable harm. One relative told us, "I know when I walk away, [person] is safe and they [staff] are here for her".

Staff that we spoke with knew how they would recognise when people were at risk of harm or abuse. They had good knowledge of what constituted abuse and how to recognise and report signs of abuse. They were aware of the provider's policies on safeguarding and whistleblowing and knew how to apply them when reporting any concerns they had about people's safety and welfare. They were confident that the registered manager took any concerns raised seriously and acted promptly to remove or minimize any risk to people. A member of care staff told us, "I have not seen anything that concerns me".

Staff completed comprehensive risk assessments of the support people required. This identified where people could be at risk and guided staff to provide the additional support they required to receive their care and support in a safe manner. For example, support that people required to keep their skin safe from the risk of infections. Risks assessments were regularly updated by staff to ensure that they reflected people's current needs.

The environment was well maintained. We saw that the premise was clean, free from clutter and very spacious. This minimised the risk of falls and gave people the space to be as independent as possible. One relative commented, "It is so clean in here."

The provider had plans in place on how they would respond to emergencies such as a fire. Each person had a personal emergency evacuation plan in place to detail how much support that they required in the event of an emergency.

We saw that staff maintained records of accidents and incidents that occurred. The provider had a system which the registered manager used to analyse any accident or incident to determine any lesson that could be learnt in order to prevent a reoccurrence. We saw that the registered manager used this to develop an action plan of further improvements that are required to ensure that people were kept safe. This was feedback to staff at staff meetings.

There were suitable staff to meet people's needs. The provider had safe recruitment practices. They completed relevant pre-employment checks which ensured new staff were safe to support people using the service and as far as possible were suited to support the people who used the service. They carried out all of the required pre-employment checks before a new member of staff was allowed to support people using the service. These included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services.

We received mixed views on whether staffing levels were sufficient to meet people's needs. One person said

"They could do with two more on shift. It's the handover when the staff are having conferences that cause issues". Another said, "You have to wait. Call bells can be answered after 30 minutes. It can be uncomfortable to wait. I expect it to be within ten minutes." A relative told us that they believed that staff took a long while to respond to call bells. They said, "The main issue people have is call bell response time. It's not quick enough and they have to wait" They told us that they raised this as a complaint to the registered manager. Another relative told us, "[Person] said when she called the bell in the evening, no one came". We spoke to staff about staffing levels. They felt they were enough staff to meet people's needs. One care staff told us, "They [people that use the service] think they have to wait half an hour but it is probably only a couple of minutes." We discussed people's feedback with the registered manager who told us that they kept call bell response times under review because it had been raised in meeting with people, and that they had not identified any issues with staff response time. We looked at the records of the print out of the time it took staff to respond to people, we did not identify that it took long periods of time for staff to respond. The registered manager told us that they would discuss this further with people in order to be clear on expectations of the time it may take for staff to respond to their call bells.

The provider had good practices for the storage and administration of people's medicines including controlled drugs. This assured them that people would receive their medicines safely. People told us that they received their medicines "on time". The provider had a medicines policy which guided staff on how to manage people's medicines. We saw that staff followed the policy. We observed that staff spent time to provide the relevant support that people required to take their medicines. They signed people's medicines records only when they had taken their medicines. We saw that where people administered their own medicines, the provider followed their policy for this and completed required assessments and reviews to ensure that this was managed safely. Only staff who had received relevant training supported people with their medicines. They understood their responsibilities with managing, storing and disposing medicines. The registered manager completed regular audits to check that staff managed people's medicines safely.

Is the service effective?

Our findings

People were supported by staff who had the required skills and experience to fulfil their role. People told us that they were confident in staff ability to meet their needs. One person told us, "They [staff] are trained for what I need." Another person, "They [staff] have been very well trained so I feel safe". Other comments included, "Staff are very good, very helpful and know what they are doing; some could do with knowing a bit more about dementia."

We reviewed records which confirmed that staff had participated in a range of training they required to be effective in their role. Records also showed that staff received support and guidance in their role through regular supervision support from senior staff.

Staff had the skills to communicate and support people who may behave in a way that may challenge others. One person's records showed that staff would support them at such time through reminiscing with books. Their records showed that this was effective.

The Mental Capacity Act (MCA) 2005 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 so that they can 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). 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 that people were not deprived of their liberty. Staff that we spoke with demonstrated a good understanding of MCA and DoLS. People had free access into the community. The entrance door to the building was mainly left open and people accessed the premises and community as they chose. They informed staff of their whereabouts when they access the local community. Some people were assessed to require sensor mats which alerted staff to their mobility needs. We saw that this was not used as a restriction to their liberty. A person who used the service told us, "I can go out when I want to, I also go out with my son."

We observed and saw from records that staff sought people's consent before they provided them with care and support. Where additional support was required, such decisions about people's health we saw that staff liaised with relevant people and professionals involved in people's care.

People had access to a choice of meals and drinks. They enjoyed meal times. One person told us, "There is plenty to eat and drink and I can bring anything I need back down to my room." Another person

said, "The food is very good. It is very rich." Other comments included, "Food is excellent as you get a choice" and "The food is okay, I don't have a huge appetite anymore but I have enough food."

We observed lunch time at the service. We saw that the dining room was laid out in a restaurant style. People had written and pictorial menus showing the choices of meals for the day. People had staff support and time to eat at their own pace. They appeared to enjoy their meals.

The provider had a 'destination bar' available in the reception area. This included a hot drinks machine, snacks, fruit and various small plates of food made available by the chef. People helped themselves to these when they chose. Each floor also had fruit juices and water dispensers available to people. The registered manager and chef told us that these were introduced to prompt people to keep hydrated. They told us that this had reduced occurrence of conditions associated with dehydration. People were supported to understand risks associated with their nutrition. Where people were at risk of choking, staff ensured that they had suitable meals and snacks for their needs.

People were supported to maintain their health and wellbeing. They had prompt access to health care services when they required this. People's care package included access to free optician services and hearing test. Care records showed that people were involved in their health monitoring and were promptly referred to health professionals. One person told us, "When you are poorly, the GP can be called." We spoke with a visiting health professional who told us, "There's been a lot of improvement since [registered manager] started. Before we used to have lots of moisture lesions and pressure sores but not anymore – now we don't have anyone on our books." They went on to say the reason for the positive change was "because of the way things are passed down. I tell the manager and the seniors and they follow through the instruction. They refer people to us early on." They told us that they trained staff to give some specialist support that people required to manage their health needs. They said, "Staff follow through and would ask for support when needed."

Is the service caring?

Our findings

People were supported by caring and compassionate staff. People's feedback on the attitudes of staff included, "Staff are very good and friendly" and "The staff are very caring and efficient". One relative told us, "I have no complaints about the staff at all. They are wonderful and so caring. I have seen them kiss my mum and hug my mum, they love her."

We spent time observing the way staff supported people. We saw that they were knowledgeable about people's likes and dislikes. They were kind in their approach and were measured in the way they supported people. We saw that they offered support in a way that was focused on the person receiving care and not on the task that were supporting the person with. They demonstrated an interest in the well-being of the people that used the service. We observed staff support a person to do some online shopping for a "bit of retail therapy to cheer you up." We reviewed the service's compliments books and saw that people thought highly of the support that staff offered.

There was a homely feel to the service. The décor and layout created a calm, peaceful setting. People's bedrooms were decorated to their choice and included some of their personal belongings. People appeared happy and content. A relative told us, "It has got a nice feeling about it. It has the space, which is one reason we chose it". Some of people's comments about the home included, "I like living here." and "I am happy."

People were supported people to make decisions about their care. They asked people for their opinions about how they would like to be supported. Staff encouraged and supported them to be as independent as possible. People told us that staff respected their choices and supported them to remain as independent as possible. One person explained how staff supported them to ensure they were able to go out independently for walks. They said, "I go up the road for a walk. I ask them to walk with me up the slope of the driveway, and then they meet me 20 minutes later to walk back."

Staff treated people with dignity and respect. We observed interactions which showed that people received care in a dignified manner. Staff were discreet when they supported people with personal care tasks. They respected people's privacy and offered the support they required to have personal time at they chose. We saw that some people had their personal landlines to be independent with managing their own contacts. One person told us, "I spend time in my room which is my choice." We observed that a person who chose to spend time on their own had access to a sitting area where staff could monitor and support in a non-intrusive manner.

People's friends and family could visit them at the home without restrictions. They told us their loved ones were always welcome at the service. One service user said "I go out with my son when we want. I just tell them I am going out. I don't have to come back at any particular time". They went on to say that when they did not go out, "We sit outside and my grandchildren can play in the garden." Another person told us that they employed a personal befriender/carer to support them. They said "I have a friend that visits me and helps feed me and takes me out on trips". We saw that staff were aware of and supported their decision.

Is the service responsive?

Our findings

People and their relatives were involved in assessing their needs and developing their care plans. The registered manager told that they recently introduced involving people and their families in their care planning. One person told us, "The care plan has been done for me and I know about it". A relative told us, "I talk to them [staff] and ask questions ... they tell me what is going on." People's care plans were personalised and include comprehensive information about their personal history, their interests, their likes and dislikes. Staff regularly reviewed these to ensure that they reflected people's current needs.

Staff had good knowledge of the details of people's care plan and provided the support that met their needs and preferences. This enhanced people's experience of the service.

People were supported to maintain contact with their loved ones and the local community. Some people continued to use services they were accustomed to before they came to live at The Lawns Care Home such as their hairdresser. We saw that staff had organised a 'grandchildren's day' where people could spend them with the younger generations in their family. The provider had appropriate spaces to facilitate this. We observed a care staff supporting a person to pick out a suitable card from the tuck shop to send to their relative. Staff delivered people's post to their bedroom daily.

People had access to a variety of activities. They were supported to follow their interests. The provider employed a fulltime activity coordinator who ensured that people supported people with their interests and social activities. One person told us, "Activities are very good and there are lots to do if you are to join in." The provider was signed up to a regular arm chair exercise initiative which people regularly participated in and enjoyed. Staff told us that this has helped improve the mobility of some people that used the service.

The activity coordinator supported people to fulfil their wishes and dreams. They regularly asked people to make a wish regarding activities and interest of their choice. We saw that one person had chosen to experience the south of France. As they were unable to visit the south of France, the activities coordinator had organised for them to have an experience of the south of France which included food, drinks, music, decoration and entertainment of the region. One person was supported to raise money for a charity they were affiliated with. We reviewed records which showed that people had requested to have a scrabble club. This was in place at the time of our visit. People could make requests for talks on topics of interest which the activity coordinator researched and organised talks on requested topics. They also regularly reviewed each person's engagement and participation in social activities monthly to ensure that each person's social needs were being met. We saw photographs of a range of past events which people appeared to enjoy.

People had access to a tuck shop which included a sweet shop, and collection of essentials which people could purchase.

People were supported to follow their religion. People had regular visit from a rabbi, catholic priest and a vicar and access to communion services and prayer meetings according to their religious belief.

The registered manager provided opportunities for people to give their feedback about the service. Most people and relatives told us they were comfortable to make their views and any concerns known and they were confident that they would be listened to. One person told us, "I have no complaints but I am happy to raise issues." Another person told us, "I have had no complaints, but I would feel happy to raise any problems. I have not had any problems." One person commented, "They don't ask to see if there are any problems and I don't want to complain." They said this was because they didn't want to cause an issue with staff. A care staff responded, "It would not as we welcome all feedback." A relative told us about an incident which they complained about. They told us that the registered manager resolved this satisfactorily. We reviewed the provider's complaints records and saw that the registered manager dealt with people's complaints in a timely manner. The provider sought people's feedback on the meals which they could fill out after meal using a food survey available in the dining room. People also had access to regular resident meetings. We saw that these were well attended. The registered manager and activities coordinator used people's feedback to develop an action plan to respond to develop the service.

Is the service well-led?

Our findings

The service had an experienced registered manager. It is a condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission (CQC).

People were complimentary about the registered manager. They told us that they had easy access to the registered manager when they required it and were confident in their ability to deliver a high standard of care. The registered manager demonstrated good knowledge of the people that used the service. They showed that they knew about them as individuals and their likes and dislikes; whilst walking around the service many people recognised and responded to the registered manager positively.

The registered manager was supported in their role by a deputy manager and a team of senior carers. We found that there were clear lines of responsibility and accountability within the service. Staff had access to out-of-hours managerial support should they require this.

The registered manager demonstrated a passion to drive improvements in the service so that people received a high standard of care. Staff and people that use the service told us that there had been improvements in the quality of care since the registered manager commenced their role. The registered manager told us, "All the things I've always talked about to do in care homes. I can finally do."

The provider had quality assurance procedures for assessing and monitoring to ensure that they provided a good quality of service. These included monthly quality assurance audits of people's care and support and the general maintenance of the building and equipment. The registered manager and deputy manager completed 'daily walkabouts' to observe the care that people received to ensure that it was person-centred and of high standard. They also held daily 'heads of department meetings' with senior carers, catering, maintenance and gardening staff to discuss care provision for the day and identify any issues that may have been highlighted. These meetings were also used to plan the day and people's requirements.

The registered manager had used their quality assurance to identify where improvement were required. They have developed an action plan. We saw that some issues that were identified had been remarkably improved, and that they were in the process of making other required improvements.

Staff told us that they were supported by the registered manager. They said the registered manager supported them to meet the standards that they expected of them. They told us that they were able to approach the registered manager for feedback, guidance and support when required. A care staff told us, "It's changed...couldn't ask for a better one... can go to her for anything...you can just go into the office... she is approachable at any time." Another care staff described the registered manager as "a real asset to the home" who had created stability in the service after a succession of managers. They went on to say that the registered manager "supports me and everything I want to do."

Another way the registered manager supported staff to provide a good standard of care is by recognising

and motivating staff when they had performed well and made a difference to people's lives. They showed a book where they wrote 'tiny noticeable things' of staff support to people. Staff could reflect on these to see the value of their work and motivate them.