Runwood Homes Limited

The Lawns

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 4 January 2018 and was an unannounced visit. We returned announced on 11 January 2018 so we could speak with more staff and to look at the provider's quality assurance systems.

At the last comprehensive inspection on 6 December 2016, the service was rated as 'Good' overall, but we found a breach of Regulation 17, good governance under Well led. We completed a follow up inspection in June 2017 to review the area of Well Led and found sufficient improvements had been made, so the provider was no longer in breach, but the rating remained 'Requires Improvement' in Well Led. This was because there was no registered manager in post and audit systems still required improvement.

This inspection visit was a comprehensive inspection and we checked to make sure improvements had been made in Well Led to a least 'Good'. Whilst some improvements had been made, we found some improvements were still needed in audit systems because the provider had not identified some of the improvements we found, and there continued to be no registered manager.

A requirement of the service's registration is that they have 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 the associated Regulations about how the service is run. At the time of our inspection visit there was no registered manager in post. The last registered manager left the service in March 2017. Since then, two managers have managed this service but had not registered with us and have since left this service. A new manager was appointed to the home in December 2017 and was in the process of applying to become the registered manager at the home.

The Lawns is a care home registered to provide care to 76 people. People in care homes receive accommodation and nursing and/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. At the time of our inspection visit, 59 people lived at the home on 4 January 2018 and when we returned on 11 January 2018, 58 people lived at the home. Some people at the home were living with dementia. People are supported across two floors and both floors support people living with dementia.

People told us they felt safe at the home, because they felt safe with the staff who supported them. However, since June 2017 some people's personal, valuable and sentimental items had gone missing. Police and safeguarding had been involved regarding the potential thefts but we could not be confident the provider had taken necessary steps to protect people from financial and emotional abuse.

The provider used recognised risk assessment tools to identify any risks to people's health and wellbeing. Staff knew how to support people to reduce identified risks to people. However, further checks were needed to ensure people's records provided staff with the necessary information to keep people safe, especially when people's needs or behaviours changed.

People told us their needs were met because they were supported and cared for when needed. People were complimentary of the staff and said staff were kind, caring and considerate in their approach. People spoke positively about the friendliness and willingness of staff to help them.

People told us they had a choice of meals and could eat in the dining room or their own bedroom, according to their individual preference.

People's privacy and dignity was respected and staff knew how to maintain this to prevent people feeling uncomfortable. Staff promoted people's choices and independence which gave people a sense of worth and ownership in how their care was delivered.

The home was clean, free of odour and staff wore personal protective equipment (PPE) at the necessary times. Regular monitoring ensured standards of cleanliness were maintained and from our observations of staff, they followed good infection control methods.

People told us they would raise any concerns or complaints and they knew how to do this and the expected timescales regarding a response. People and staff felt the newly appointed manager meant they had increased confidence if they raised a concern, they would be listened to and action taken, although some people and relatives were still getting to know the new manager.

There were enough trained and skilled staff who were available to provide people's care and support at times people preferred.

Medicines were administered safely and people received their medicines as prescribed. Time critical medicines were given at the required times, instructions ensured staff provided medicines 'as and when required' safely.

At this inspection we found some improvements had been made to the provider's systems of checks and governance. Systems and processes had been introduced by the newly appointed manager to monitor the quality of the service. However, these improvements needed to become embedded in every day practice to be consistently effective.

The manager told us they were committed to improve the service and wanted people's experiences to be positive and to have confidence in them. The manager gave us a commitment that actions would be taken swiftly to give consistency to the service. Recent improvements had been made, including closer working and improved relationships with other healthcare professionals and looking at ways to introduce the local community into the home.

A previous manager had submitted a Provider Information return (PIR) to us, the new manager and the provider understood their legal responsibility to notify of us of important and serious incidents. The provider displayed a copy of their previous inspection rating.

There was a breach of one of the regulations and 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?

Requires Improvement

The service was not always safe.

Improvements were required in the provider's understanding of safeguarding procedures and actions they needed to take to keep people protected. Some risk management plans lacked sufficient detail to manage all the risks to people's health and wellbeing, so staff had a consistent approach to supporting people. There were enough staff to provide safe care in premises that were clean and maintained. Medicines management ensured people always received their prescribed medicine safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Assessments had been completed to establish whether people lacked capacity to make specific decisions regarding their care and support. However, not all decisions were recorded to show the person had consented. People's health and dietary needs were assessed and monitored; however for people whose foods and fluids were monitored more closely, these were not recorded consistently and accurately. People could make their own choice of what they had to eat and drink and they were supported by trained staff who had completed an induction and training so they had the skills they needed to effectively meet people's needs.

Is the service caring?

Good

The service was caring.

The atmosphere was homely and calm, and the relationship between people and staff was friendly. Staff enjoyed helping people to do what they wanted to as far as possible. People were supported to maintain relationships which were important to them and staff knew people well and respected people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always supported to take part in social activities in accordance with their own interests and hobbies. People had personalised records of their care needs but these needed more detail to ensure people's needs could be responded to consistently by staff. People knew how to raise complaints and provide feedback about the service. There was end of life care planning in place to involve people in decisions that took into account their wishes and preferences at this time.

Is the service well-led?

Requires Improvement

The service was not always well led.

At the last inspection this home was rated as 'requires improvement' in this area, because systems of audit were not effective and actions were not always taken and there was no registered manager in post. Recent managerial changes still meant there was no registered manager in post and improvements were still needed to ensure the governance and quality of service met people's expectations. Audit systems had improved since the new manager had been in post but where checks were delegated to others, there needed to be closer scrutiny to ensure those checks were completed accurately and consistently.

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 visit took place on 4 January 2018 and was unannounced. The inspection team consisted of two inspectors and an inspection manager, a pharmacist and an expert by experience (an expert by experience is someone who has experience of this type of service). One inspector returned announced on 11 January 2018.

We reviewed the information we held about the service. Prior to this inspection, we received information that suggested the management and governance of the home was not sufficient to address people's concerns. We had received information that staffing levels were not responsive to people's needs and infection control measures at the home were not adequate. We also received safeguarding concerns from the provider that some people's important and sentimental possessions had gone missing. We looked at these concerns as part of this inspection.

We looked at information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

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

We spoke with six people who lived at The Lawns and four visiting relatives and/or friends. We spoke with a commercial director, a regional operations director, a manager, (who has applied to become the registered manager) and a deputy manager. We spoke with three care team leaders, six care staff, a cook and two housekeepers (in the report we refer to these as staff). We also spoke with one visiting healthcare professional. We looked at five people's care records and other records relevant to their support, such as medicines records and daily records. We looked at quality assurance checks, audits, people and relative meeting minutes, compliments, complaint records, training records, medicines, nutritional charts and incident and accident records. This was to see whether the care people received was recorded and delivered according to people's care plans.

Requires Improvement

Is the service safe?

Our findings

Prior to this inspection visit we received information from the provider and relatives, that some people's jewellery had gone missing in a time period of June 2017 – 7 August 2017 with information to indicate these items had been stolen. Information from the provider and the police was that some people's rings had been swapped with a 'less expensive' alternative that looked very similar. The provider had sent us a statutory notification for each separate incident. The police had been notified of seven different people who had made reports of missing items of jewellery. Following this inspection visit, this number had risen to eight.

We discussed the potential thefts with the manager, deputy manager and a regional operations director to see what actions they had taken, to prevent this from happening again. The provider had reported each missing item to the safeguarding team up to the last ring reported missing and the police who were investigating. We were told the administrator's office door was always locked when no one was in the office so those without reason to be there, could not access it. However, we saw this was not the case during our visit as on occasions, the office door was open, left unattended meaning this gave open access to visitors and relatives as well as staff.

In November 2017 the provider sent us a notification to say a person had £100 go missing from their room. The relative did not want the incident reported to the police but the provider had referred to us and safeguarding. The provider had made a part refund which the relative was satisfied with and events around the missing money could not be firmly established. To prevent this from happening again, the regional operations director said they had kept a key for the person's lockable cabinet in a 'key safe'. However, this could still be accessed as we saw the keys were left in the key safe lock, when the office could be unattended. This meant there was a continued risk that people's valuables could be accessed by unauthorised staff.

We raised our concerns with the manager, deputy manager and regional operations director regarding missing jewellery and money, in that their limited actions had not assured us this could not happen again. We asked the manager what they would do to safeguard people's possessions in the future, and what lessons had been learnt by the thefts. We found the provider had not made the manager aware of people's missing possessions, until our discussions during our second inspection visit. We asked the regional operations director what the provider had done to protect people. They said, "The police were involved and had written to staff explaining what had happened, with some rings being returned." They said the police would not pursue the matter further and that staff had now taken photographs of the items of jewellery each person had in their possession, to refer to in case anything further was reported missing.

We recommended that they reviewed their procedures in how they followed up safeguarding concerns to ensure people remained protected from continued risk and if there were further concerns, they informed us without delay and completed a detailed investigation into events. There were no records that showed what actions had been taken regarding the missing jewellery or money. Staff told us they were not interviewed individually by the provider to provide any information they may have known.

Following our inspection visit, on 16 January 2018, Warwickshire local authority told us the provider had reported to them another missing item of jewellery. The person themselves had noticed their ring was missing during an activity session on 14 January 2018, but when it had gone missing was unknown. On 19 January 2018 the deputy manager told us the police had been notified as well as the person's family members. The management had begun their own investigation, looking at staff rotas over periods of time the ring may have gone missing as well as strengthening internal security systems to limit potential risk and opportunities. This demonstrated to us the measures the provider previously had in place had not been effective in keeping people protected from risk.

These items were of sentimental value and the provider had not taken effective action to prevent people from being exposed to emotional and financial abuse. This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities). Regulations 2014. Safeguarding people from abuse and improper treatment.

Everyone we spoke with told us they felt safe living at The Lawns. One person said, "I feel safe as there are other people here to help me." Another person shared the same thought, "I feel safe possibly due to help being here." People had no concerns asking staff or ringing their call bell for assistance.

There were enough staff to support people. The provider used a recognised dependency tool to assess people's needs and identify the required staffing levels within the home. People felt there were enough staff to support them and if they called for assistance, staff arrived promptly. We did not hear call bells ringing for more than a couple of minutes.

Staff felt there were enough staff to meet people's needs. One staff member said, "For how many residents we have now, we are okay." They told us they could give people baths and showers when they wanted them and had time to spend with people. However, another staff member told us how ancillary tasks such as serving breakfast, laying tables and collecting the tea trolley could impact on the time they had available to spend with people. They explained that whilst this was manageable on a 'good day' it could be more demanding if people were ill or needed more of their time. One staff member told us that a consistent staff team was important to people. "It is important to them to feel safe. If they have the same team every day they are going to feel safe. They know us well and we know them." A healthcare professional told us they had been visiting the home for a number of years and felt staffing levels had improved. They explained, "Two and a half years ago I was lucky to find a member of staff. It has definitely improved and the same staff seem to have been retained. The staff now have been around for a while."

The provider used recognised tools to assesses and identify risks to people's health and wellbeing. On the whole, where risks had been identified, plans had been implemented which informed staff how to manage and minimise the risk. For example, in relation to falls, skin damage, nutrition and moving and handling. We did see some examples where further improvement was needed in recording and monitoring a person's risk, such as one person who was at high risk of developing skin damage. There was no risk management plan in place for this, but the person was quite independent with personal care and mobility and had the capacity to inform staff if they had any concerns. We saw another person who had recently fallen out of bed between their bed and the wall (no injury sustained). We went to the person's room and found they wanted their bed against the wall. The deputy manager said their bed moved if the brakes were not applied, when we checked, the brakes were not applied. Because the person put themselves to bed, this meant their bed could still move and cause potential for a fall. The deputy manager agreed to inform staff and ensure the care plan recorded this level of detail and that the brakes were applied when required. Levels of responsibility had not been made clear and no one had taken ownership to ensure the risk continued to be mitigated.

People received their medicines safely and as prescribed, from trained and competent staff. Systems ensured medicines were ordered, stored and administered safely. Medicines Administration Records (MARs) were used to record when people had taken their medicines and daily counts of tablets by trained staff made sure medicines were given as prescribed. MARs were completed correctly and for some people who had medicines on an 'as and when' basis, protocols included when to administer, the reasons and safe dosage limits. Time critical medicines were given at the required times and if additional medicines were given later in the day, these were given with the right periods of time between each medicines.

We spoke with domestic staff who told us they had received training so they understood their responsibilities to ensure the cleanliness of the home and follow infection control procedures. They told us how they used different coloured mops to clean different areas of the home and removed any soiled linen in special 'red' bags that were put directly into the washing machine. They told us that during a recent sickness bug they were given advice and guidance and, "Told to wear gloves and aprons and told to remove them before leaving the room." We found the home was free from odour and people said their rooms were clean and tidy. Prior to this visit, we received information that a 'resident dog' caused some infection control concerns. We did not find any issues during our visit and the manager told us they had taken responsibility to ensure any minor accidents were attended to without delay and that staff were vigilant in taking action.

Maintenance and safety checks had been completed for all areas of the service. These included safety checks of the home environment, infection control risks and water safety. Records confirmed these checks were up to date. In addition, there was regular testing of fire safety equipment and fire alarms so people and staff knew what to do in the event of a fire. People who used the service had Personal Emergency Evacuation Plans (PEEPs). These are for people requiring special provision to ensure staff and the emergency services know what assistance they need to ensure their safety in the event of an emergency.

Requires Improvement

Is the service effective?

Our findings

People felt staff had the skills and training to look after them. Pre-admission assessments in people's care plans showed that the provider assessed people's needs before they moved to the home to ensure they could provide effective support and care. The manager said this was important as it identified whether the persons needs could be met before they moved into the home.

A newly recruited member of staff had started their induction to the home. They had been visiting over the past three days to look through people's care plans so they had an understanding of people's needs before they started work. They told us they would initially work alongside another experienced member of staff until they knew how to support people's individual needs. They told us, "Everybody has been so helpful and friendly."

Staff completed necessary training to support people as part of their induction and ongoing learning. Staff were supported with their training and personal development and said this gave them the skills and confidence to provide effective care. One staff member told us about some training they had recently received in supporting people living with dementia, "It was with [dementia service manager's name] just before Christmas. He is such an inspiration. You just listen to him and he makes you think about things. When you have spent time with him it makes you want to put it into practice." Some staff had completed extra training and were 'dementia leads' in the home. One dementia lead explained their role to us. They said, "It is trying to promote dementia within the team and trying to help other staff understand why things are with some of the residents." A healthcare professional told us, "Our concern is the manual handling side of things. The majority have good training in the use of hoists. I would feel secure with 80% of the staff and would feel comfortable using a hoist with them." They explained that some staff would benefit from more training and support because, "Everybody learns in different ways." One staff member who occasionally worked as chef in the kitchen, told us they had completed food hygiene training and felt confident to prepare the meals for everyone who lived in the home. The manager had reviewed staff training and told us further moving and handling training was planned, along other refresher training.

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. 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 (DoLS). Where people's freedoms were restricted, applications had been made to ensure their freedoms were not unnecessarily restricted.

Staff worked within the principles of the MCA by offering choices to people who did and did not have capacity to make certain decisions. Care records should record what specific decisions people lack capacity to make and in such cases, these decisions that involve family or advocates should be recorded. We saw where people lacked capacity to make some decisions, these had been assessed and recorded. However,

we found some records did not always support the decision making process. For example one person's care plan said they had chosen to have bed rails in place, but there was no record of that conversation which would demonstrate the person's consent to this equipment. There was a record that the decision had been discussed with the person's relation who had agreed to them being put in place even though the person had capacity to make their own decisions. For this person, we could not be confident the MCA and the person's wishes had been supported.

Staff said they supported people to make their own decisions even if they had limited capacity or communication. One staff member said, "Even if they [people] don't have capacity, we always ask because they need to be part of something. It is important for me to make my own decisions so why is it different for them?" Another said, "We try and gauge what they want and do things in their best interests."

Staff respected people's right to refuse assistance where they had the capacity to do so. One person often refused personal care. Records demonstrated that staff recorded their refusals but would go back several times to try and persuade them to accept their support. Where people's care contained some restrictions which they had been assessed as not having capacity to consent to, the appropriate applications had been made to the local authority.

People had mixed views about the quality of food which the new manager had addressed. One person said, "The food is quite good here but there is not always a choice, it could be better." Another person said, "When the menu does not appeal, one of the carers (staff) will go and get me fish or sausage and chips which I love." The manager had recognised food choices and menus were limited. Food choices given during our inspection visit were from a Summer 2015 menu which the manager had noticed, so had asked people what they wanted. From these conversations, revised menus with people's involvement would be used from end of January 2018.

Lunch served in communal dining rooms was a sociable occasion. Pictorial menus and small plated meal options gave people a visual prompt about what they wanted to eat. Everyone was able to eat independently, but staff were aware of people who may need assistance and asked, "Would you like some more?" and, "Do you want me to help you?" Jugs on tables and a gravy boat enabled people to pour their own drinks and decide how much gravy they wanted on their meals. At the end of the meal the chef walked in and asked if people had enjoyed what they had eaten. Three people told us they had enjoyed their meal. People said if they wanted extra drinks or snacks throughout the day these were provided. One person said, "It was possible to have cups of tea and a biscuit at night if I want."

One staff member told us that during a recent sickness outbreak in the home they were very aware of ensuring people remained hydrated and gave them extra drinks. A healthcare professional confirmed, "There are always plenty of drinks around." We saw there were plenty of side tables which staff ensured were by people so they could reach their drinks easily.

People were assessed to identify if they were at risk of not eating or drinking enough. We looked at examples of completed food and fluid charts because we had identified this was a concern at the December 2016 and June 2017 inspections. We found inconsistencies previously identified and discussed with the provider, continued. People's fluid 'goals' were not always recorded and where amounts required totalling, some were either not totalled, or totalled incorrectly. This meant the quality of recording and how this information was given to others, such as healthcare professionals was not effective. The manager agreed to improve this area. People's weight was recorded so they could be referred to other healthcare professionals if a need was identified.

A healthcare professional told us that staff were helpful when they visited. They said, "Everybody is very willing to support us in our care and to make sure the residents get our care. They are always very positive." They also felt that staff were now more confident to ask for support and refer matters on to the relevant healthcare professional. "I would like to say in the last six months we have got a better rapport with staff and management. I understand they (staff) didn't seem to get the extra help in when they needed it, but now they are not scared to ask."

Good

Is the service caring?

Our findings

People said they enjoyed living at The Lawns and people and relatives agreed they got on well with staff and they valued the staff who cared for them. Some people living at the home got on well with each other and had formed friendships. One person explained to us why they felt cared for by staff. They said, "One staff member who works on another floor, still buys cards on my behalf for me to give to my wife which means a great deal to us both." They said, "Recently we celebrated our 25th wedding anniversary; the care home [staff] arranged a celebration with sparkling wine and cake". They told us the staff presented them with a picture frame with a picture of them both and commented, "It was lovely."

Staff explained the attributes they needed to be 'good care staff'. "Somebody who listens and just goes that little bit extra. It is just doing the little things. When I bathe somebody I always go between their toes. I make sure their clothes match. Those little things make them feel better about themselves." Staff enjoyed working at the home. One staff member told us why they enjoyed it, saying, "It's the minute in a day where you make a difference that makes it all worthwhile". From our observations we could see this staff member enjoyed helping and supporting people.

Staff told us how important it was to know about people because it demonstrated that they cared about them as individuals. One staff member told us, "When you read people's histories you can pick something up and share it with them and you can see them light up." Another said, "You need to know everything about them, what they like and don't like, what religion they are. If you know them, you know what to speak with them about." A third said, "They are not just a resident, they are an individual person." We saw during our inspection visit staff used this knowledge to help support people and engage them in conversation.

One staff member told us how they took time to be with people who were anxious or upset. "I try to be comforting and maybe give them a hug and sit down and have a coffee with them. Little things help, such as if you remember their husband's name. It is important for them to be able to share things like that with people." A healthcare professional who visited the home said from their observations staff were respectful of people. "They understand privacy and dignity and are willing to support us in making sure respect happens." They went on to say that, "People look comfortable when in bed. In the lounge people have blankets on their knees if they want them." They said this showed them, staff cared about people's comfort and wellbeing.

Staff understood the importance of protecting people's dignity. One staff member said, "When people are in their rooms we close the curtains and offer them privacy and dignity (during personal care)." Staff told us they respected people's diversity and supported people from the LGBT community by treating them no differently to anyone else, one staff member said, "You cannot judge people. What they like is important to us, nothing else."

People's spiritual needs were supported. Some people chose to attend Holy Communion on the day of our visit. There were notices on each floor with regards to church services and the availability of the church minister visiting the home.

People's independence was respected because care plans were clear what people could do for themselves and when they needed support. For example, some people were able to wash certain parts of their body independently but needed assistance washing other parts. One person's care plan stated their mobility could fluctuate and informed staff to assess it on a daily basis so where possible they could promote the person's independence to transfer with the least assistance necessary. One staff member explained how they supported people to do small tasks for themselves to encourage their independence. They told us, "I put the sugar out so people can do it themselves. I put the toast in a toast rack so people can spread what they want themselves." We asked why this was important and they responded, "Instead of just giving it to them, they are doing it for themselves. It makes them feel alive, it gives them those moments of thinking, 'yes, I can still do that'. One person told us staff encouraged them to be independent and that staff offered to help them but, "I don't want to be waited on hand and foot". They told us they were mainly self-caring but when the staff did help, "They always ask permission first."

Requires Improvement

Is the service responsive?

Our findings

People and relatives were involved in planning their care and support. People who had capacity to plan their own care were able to say whether they wanted their relative to be involved in discussing their needs and abilities. For people who were not able explain how they wanted to be supported, and because of their complex needs, family were involved in how their relatives care was planned and delivered.

There was information in people's care plans which supported staff in responding to people's preferences in how they wanted to be cared for. For example 'My day' gave information about people's likes and dislikes such as one person liked a quilt and two pillows on their bed at night and their curtains left open.

Some care plans we looked at needed additional information for staff to help them provide consistent care and support. For example, one person's care records showed they could become very anxious and agitated during the night which impacted not only on their wellbeing, but the wellbeing of other people on the unit where they lived. Whilst we were assured that the appropriate healthcare professionals were involved in this person's care, there was no care plan in place to ensure staff responded in a consistent way to the person's behaviours. Staff were recording the regular observations of the person, but they were not recording their interactions with them to identify those that had a positive impact on the person or those that did not work effectively. Important information such as this could help formulate a care plan that guided staff in how to respond to this person's needs and to help other people in the proximity, to remain calm, relaxed and to reduce the potential for escalation of behaviours. When we returned on the second day, the manager had updated the persons care plans in line with our feedback.

Another person's care plan said they were independently able to transfer. However, the person told us on occasions, they needed help when transferring from their bed to their wheelchair and back again. This was confirmed by the deputy manager. This information had not been recorded in their care plan so there was potential for inconsistent support from staff, especially if agency staff supported people, or when staff worked across different areas of the home.

Staff were not always responsive to people's needs. One person asked if they could have a cup of tea and was told, "We are waiting for the trolley to come back." However, there was a kitchenette off the lounge they were sitting in, so a cup of tea could easily have been made for the person. Another person's daily records showed the person had become upset on one occasion because they wanted to get up, but staff were not available to respond to their requests for assistance. This person also needed a female staff member to help them with personal care and at times, this was not always available at a time when needed. One communication care plan we looked at showed a person had lost their hearing aid on 17 November 2017 but there was no record that any action had been taken to get the person a new one. For others who had fallen from their bed, risk assessments stated crash mattresses needed to be beside their bed to minimise harm. However, we saw two examples where people who were in bed, had moved their crash mattresses from the side of their bed without staff being aware so they could put them back into position. This meant staff did not always respond quickly to ensure necessary equipment remained in place.

People gave us mixed feedback about how their hobbies and interests were maintained. Some people enjoyed group activities. During the first inspection visit we saw quizzes taking place on both floors. People were clearly very engaged with this and enjoyed shouting out the answers. This activity offered people an opportunity for social engagement as well as providing mental stimulation and provoking memories. One staff member said, "It gives their minds something to think about other than just watching TV." However, we saw people who were looked after in bed had very limited engagement with staff outside the delivery of care tasks. One person told us prior to living at the home, they enjoyed hobbies which included fishing, shooting, snooker and billiards. They said they no longer had the opportunity to continue with these which they wanted to do. This person also said they were unaware of any outside trips but did join in with any entertainment at the home. They said, "I like to enjoy myself and see other people enjoying themselves". The manager recognised this was an area for improvement and was planning to look at more ways to stimulate group and individual interests.

People were cared for at the end of their life if it was their wish to stay in the home. Staff felt confident to continue to care for people but had not received specific training in end of life care. This training could help support staff to develop an understanding of how to provide support to individuals and their families in end of life care, and in particular during the last days of life in managing symptoms and pain. However, one staff member explained how important it was, "To stay with them and speak with them. Don't leave them alone, they need to feel you are there." Some people had 'end of life' decisions in their care plans. These were limited to where people wanted to spend their final days rather than how they wanted to spend them. Where people chose not to discuss this, their wishes were respected. Some people had agreed if they wanted medical intervention in the event of a cardiac arrest. People's agreement was recorded within their RESPECT form (previously known as a DNACPR – do not attempt cardio pulmonary resuscitation). However in one care record we found a RESPECT form (a form that provides a clinical assessment whether to resuscitate a person in the event of cardiac arrest) was completed in a hospital ward in December 2016, and had not been reviewed since their return to The Lawns. We could not be certain the RESPECT remained valid. The manager agreed to look into this with the person and /or family member.

People knew how to complain but given the recent managerial changes, not necessarily who to complain to. Staff said they would support people if they wanted to complain, "I would take them to the manager." We saw 27 complaints had been made in 2017 and all complaints had been responded to. Some people we spoke with had raised concerns in the past and had limited confidence actions would be taken. One person told us they had been to one residents meeting (couldn't recall the date) and said they were, "Able to complain but had no resolution." The new manager recognised better communication, openness and transparency would encourage people to come forward and have confidence actions would be taken. The manager had held and planned meetings throughout the year and was already taking actions to engage more people and relatives to attend. Such as, obtaining email addresses for families and considering introducing a newsletter keeping people and relatives involved in progress and actions.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection this area was rated Requires Improvement because we found there was a lack of managerial oversight by the provider and management team. Audit systems were not effective to drive improvements within the service. Actions were not always recorded to show how people were supported and completed audits had not identified this as a concern. At this inspection, we found some improvements had been made but improvements were still needed.

There continued to be no registered manager in post. The new manager was the third manager at the home in the last 12 months, none of which were registered with CQC. The new manager told us they would be applying to be registered with us.

The new manager had set clear priorities of what was required, where improvements were needed and had set about making those changes. Some staff performance issues had been dealt with and some staff who we were told were 'resistant to change' were no longer at the service. The manager told us their role so far had not been easy and difficult conversations with some staff had been held. Supervisions, appraisals and sickness monitoring had not been effectively implemented previously, we found these areas had now been improved and additional staff meetings were planned.

The manager recognised audit processes needed to be strengthened. The local authority had completed a recent quality visit, from this the provider had drawn up a home improvement plan which the manager was working through. We checked examples of the improvements made and found when some checks and tasks were delegated to others, there was no effective process to ensure actions taken resulted in the expected improvements. For example, one area identified for improvement was around food and fluid monitoring. We checked examples of food and fluid records and they continued to show inconsistencies in the level of detail provided. It was the responsibility for care team managers (CTMs) to check daily, yet this was not done and no checks were in place to ensure CTMs completed these tasks. (CTMs are senior staff responsible for leading the shift and completing regular checks and care plan reviews). These checks were transferred onto a tracker so weight gain or losses could be seen easier. However, some totals were not added up correctly and were included on the tracker. This meant the records that supported people's fluid and food intake could not be relied upon to provide an accurate picture of what people had consumed and any potential causes for concern. Care plans were identified by the new manager as an area requiring improvement and we saw examples of care plans and risk assessments that did not fully support people's changing conditions which we have reflected in this report.

The manager was confident they had the skills, abilities and experience to improve the quality of service at The Lawns but needed to know support was there for them. They told us part of their support included an induction and a handover so they knew about the home, the people, the staff team and any issues that needed their input for improvement. The manager said they felt supported by the provider and valued the mentoring from another manager (from another providers home close by) and from the regional operations director. However, this inspection visit identified the handover did not cover all of the important issues, such as people's personal items going missing. We also found this was the case when the regional operations

director took up their new position in September 2017. They had not been informed about people's lost items and it was us that told them of this. This meant it was difficult for them to improve processes or take swift and decisive action to limit potential risk as they were not fully aware of all of the issues that needed addressing.

People and relatives were not clear who was 'in charge' because there continued to be a number of managerial changes. One relative said, "More than happy for [relative] to be here but due to the changeover with management I am unsure of the home hierarchy and I don't feel I have anyone to liaise with." The manager had organised people and relative meetings but these were not well attended so the manager had begun asking and meeting families to obtain email addresses to improve communications.

Communication was an area staff and the manager felt needed improving. For example, there had been an incident over Boxing Day when there had been a flood in the home which had closed the kitchen for some time. Although the management team had been contacted and had taken action, some staff felt it would have been more appropriate for a member of the management team to attend the home. Some staff felt they were left to manage on their own even though actions taken were in line with the provider's continuity plan in case of emergency.

Staff told us that supervisions had not always been happening but they had recently had an appraisal and the manager told us they had now planned regular supervisions for all staff. Staff felt the value of staff meetings could be improved. One staff member said, "It just felt as though you were being told you have got to do this, or you have got to do that, and not a lot else." The manager had identified this as an area they wanted to improve.

Some staff told us they felt that more improvements could be made if all staff worked consistently as a team. "We don't work as a team and that is the biggest drawback." There was a consistent response from staff that the majority of them were good but a small number required more support and training to ensure they followed best practice. For example, when we asked one staff member if staff were caring they responded, "75% yes, you have got the odd few people who show they care in a different way." The manager told us that since they took up position they had taken action against some staff and they no longer worked at the service. This was because some staff were not working as a team and would continue to cause instability. Because of their actions, the manager said they were proud of the staff team now in place.

Staff were positive in their comments of the new manager, "I quite like her, she keeps you informed." "We now have a good decent manager in place who is hopefully going to stay. She seems to be a people person. I find her very approachable and easy to talk to." We asked what the new manager had implemented that had improved the service at the home. One staff member said, "The linen cupboard is a good idea she has brought in, so we don't have to keep running downstairs to get the linen."

One healthcare professional explained how the quality of care had 'varied' over the years they had been visiting the service. However, they felt standards had improved very recently. They told us, "My parents live locally and I always ask 'would I bring Mum and Dad here?' Eighteen months ago I would have said no, but it would be one of my considerations now." They particularly mentioned that recently efforts had been made to improve communication. They explained, "There was a sickness bug three weeks before Christmas and there was a phone call made to each next of kin to explain there would be no visits for 24 hours which I understand had never been done before."

Staff spoke positively about the home and felt things were beginning to improve. One member of staff told us the cleanliness of the home had improved, one staff member said, "I think things have improved a lot to

what they were which is nice. It's definitely cleaner because [staff member name] has come back and her standards are very high. When you see people cleaning and the job is being done right, it encourages you to keep it clean."

The manager, deputy manager and regional operations director knew there was work to do and improvements they wanted to make, such as holding regular dementia cafes, involving the local community and continuing to improve relationships with other healthcare professionals. The manager said working closer with the GP surgery meant they had support from those healthcare professionals to review and understand falls, to take swift preventive actions and to benefit staff with extra training sessions. The manager had involved people in deciding new menus and these were due to be rolled out mid-January 2018. The manager was committed to driving improvements but recognised they needed support from those around them and the provider, to ensure people received the best outcomes.

The provider had displayed the rating on their website and the ratings poster was displayed in the communal entrance from our last inspection visit, which they have a legal duty to do. The registered manager completed a PIR which provided us with an accurate reflection of what the service did well, and where development was needed over the coming 12 months. The provider had submitted statutory notifications when required which enables us to monitor this service effectively.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not always taken appropriate action without delay to safeguard people from the risk of harm.