

Mrs Joan Stewart

The Lawns Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Lawns Care Home is a residential care home providing personal care to 12 people over the age of 18 who have a diagnosis of a learning disability. At the time of the inspection 12 people were living at the service.

The service had been open for some years and therefore had not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. However, the service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control and inclusion. People's support focused on them having as many opportunities as possible to make choices about their care and lifestyle.

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

People continued to receive exceptional care and lived in a nurturing environment where their individual needs, personalities and wishes were at the centre. One relative said, "The care is second to none and the staff go above and beyond. It's an amazing place, there should be more services like them."

The ethos of the service as being one big happy family who support each other during difficult times and celebrated with each other on happy occasions, was clearly evident.

Staff continued to demonstrate an exceptionally caring nature and a passion for providing high quality care which was visible throughout the service. Staff showed genuine interest and concern in people's lives and their health and wellbeing and empowered people to achieve their goals, dreams and aspirations. Staff frequently went above and beyond the required expectations, to support people to enjoy their individual interests and hobbies. Staff recognised equality and diversity and understood how to protect people's human rights and lifestyle choices.

People were empowered to make life choices and decisions about the care they received. People told us they chose what they wanted to do, where they spent their time and with whom.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Robust recruitment practices were in place to ensure the suitability of new staff. People were supported by a

stable and consistent staff team who knew people well and, as such, had an excellent understanding of their needs and wishes.

People's needs were assessed, recorded and met. Each person had a care plan which gave staff guidance about how people preferred to be cared for.

People were encouraged and supported to take positive risks and be as independent as they could be. Staff and relatives told us staff always tried hard to promote people's independence.

The provider worked with other health and social care professionals to make sure people received the care and treatment they required. This included meeting changing health care needs.

Robust quality assurance systems were in place to monitor the safety and quality of the service and improvement was driven by engagement with people, whose views were listened to and acted upon.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism.

Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the operations director at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 4 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service continued to be exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Lawns Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

The Lawns is a residential care home that provides accommodation and personal care for adults with learning disabilities.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means that when registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time with people living at the service. We spoke with eight people who used the service, two relatives, one visitor, the registered manager, and four care staff.

We reviewed a range of records. These included two people's care records and two medication records. A variety of records relating to the management of the service, including audits and quality assurance were reviewed. We look at the recruitment and supervision records for three staff and reviewed the training records for all staff.

After the inspection

We contacted two relatives by telephone to ask them about the care their relative received at the service. We contacted two healthcare professionals but did not receive replies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People at The Lawns continued to be protected from the risks of abuse.
- Relatives told us their family members were cared for in a safe way. Their comments included, "I've never encountered any problems or anything to worry about. He says he is happy here. I think he is safe living here" and "The environment is safe and we're happy."
- Staff had been trained in how to safeguard vulnerable adults from the risks of abuse and had a good understanding of how to keep people safe. They were able to describe their responsibilities for reporting any concerns they had about the safety of the people living at the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Where there were risks to people's safety and wellbeing, these had been assessed. Risk assessments were clear and detailed. Control measures were recorded, and action plans were in place to reduce each risk.
- People were supported to take positive risks and to be as independent as possible.
- There were regular health and safety checks of the premises which included gas and electricity, water systems, and equipment such as fire extinguishers and fire doors. All fire checks were undertaken, and included fire drills, and weekly tests of fire alarms and equipment.
- People had Personal Emergency Evacuation Plans (PEEPS) in place which were regularly reviewed. These considered each person's ability and how staff were to support them to safely evacuate the building should there be a fire.
- When accidents or incidents occurred, learning was shared with staff to improve knowledge and prevent the likelihood something would go wrong in the future.

Staffing and recruitment

- People received care and support from sufficient numbers of staff to meet their needs.
- Relatives and staff felt there were enough staff on duty to support people and keep them safe.
- The provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment, such as references from previous employers, and a police check.

Using medicines safely

- People received their medicines safely. People received their medicines as prescribed and at the right time.
- Medicine administration records (MARs) were clear and completed fully. We checked stocks of people's medicines and found these to correspond to the signatures on the MAR charts.
- There were procedures for the safe handling of medicines. All staff had received training in these and the registered manager regularly assessed their skills and competencies to manage medicines in a safe way.

Preventing and controlling infection

- All staff received training in infection control and staff had access to personal protective equipment such as gloves and aprons. The premises appeared clean and hygienic on the days of our visit.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments continued to be comprehensive and detailed to ensure people's needs could be met and develop a plan of care. Care records continued to contain information about people's care needs, and their ability to help themselves and what support was required. The aim for people who were supported was to be as independent as possible.
- Staff were skilled and had awareness of how to use best practice guidance to enable good outcomes for people, this improved their quality of life. For example, staff knew people well and consistently applied effective tailored strategies to support people to avoid behaviour that might cause distress to themselves or others.

Staff support: induction, training, skills and experience

- Staff received a thorough induction before they were able to deliver care and support to people who used the service. The induction was aligned to the nationally recognised Care Certificate. The Care Certificate was developed by Skills for Care. It is a set of 15 standards that all new staff in care settings are expected to complete during their induction.
- Staff confirmed they had received training that was relevant to their role and continued to be updated when required.
- Staff told us they continued to feel supported and received regular supervision and appraisal of their work.

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

- People told us they liked the food and were able to make choices about what they had to eat.
- People were supported to be involved in preparing and cooking meals where they were able. Some people had facilities in their bedrooms to make drinks and snacks for themselves when they wanted.
- Staff ensured people received a balanced diet which was in line with their choices and preferences.
- Support plans contained relevant information regarding people's dietary requirements. Where concerns were identified, referrals were sent to relevant healthcare professionals such as the GP, dietician and speech and language therapists (SALT).
- Where people required particular support, there were detailed guidelines for staff to follow, to help ensure they supported the person safely and as advised.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- The service worked regularly with external professionals, such as speech and language therapists and GPs, to support and maintain people's health.
- Referrals were made to other healthcare professionals, where appropriate, in a timely manner.
- People had detailed hospital passports in place. These shared important information about people with healthcare professionals to ensure their needs and preferences were met if they accessed other care settings.

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

- The premises were designed to provide a homely environment for people.
- People had space to socialise with others, receive visitors, spend time outdoors, participate in activities or be alone, if they chose.
- People were happy with the décor of their bedrooms, which included their personal items. Where possible people had chosen their own décor for their bedrooms or been involved with redecorating them.
- An improvement plan was in place. This ensured the environment remained at a good standard.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments and best-interests decision-making had been carried out in relation to significant decisions about people's care.
- The registered manager had made applications for DoLS authorisation based upon an individual assessment of people's mental capacity and care arrangements. They monitored any conditions on DoLS authorisations granted, in order to comply with these.
- Staff received training in, and understood, people's rights under the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us the care people received was exceptional. One relative said, "The care is second to none and the staff go above and beyond. It's an amazing place, there should be more services like them."
- People, relatives, visitors and staff continued to describe the ethos of the service as being one big happy family who supported each other during difficult times and celebrated with each other on happy occasions. Comments from people living at The Lawns included, "Fantastic", "I'm happy", "Very nice indeed" and "We have fun and they make us laugh." A relative told us, "Absolutely love it, the family atmosphere is great. [Provider's name and registered manager's name] treat them like their own family and love them to pieces."
- People lived in a caring and nurturing environment where their individual needs, personalities and wishes were at the centre. People were relaxed and confident around staff and expressed the fondness they had for each other and staff.
- Staff demonstrated an exceptionally caring nature and a passion for providing high quality care which was clearly visible throughout the service. We heard numerous examples demonstrating how much staff really cared about people, what was important to them and how they supported people with their emotional needs. For example, staff sensitively supported one person when their family member was seriously ill and had to undergo surgery and treatment. The person was extremely upset and staff spent hours with the person explaining the process and letting them ask questions and talk about their concerns. Staff reassured and listened to the person when they needed to talk.
- Staff also sympathetically supported people through major traumas in their lives such as the loss of a loved one or a family breakup, listening to people's worries and concerns. A relative told us how they helped them and their family member through the loss of their wife and mum, they said, "They were absolutely great and really helped [name]. They looked after me too, inviting me to spend Christmas day so I wasn't alone. They are all so caring, I'm treated as part of the family. I couldn't ask for anything more."
- Staff, including the registered manager, frequently went above and beyond the required expectations to support people to enjoy their individual interests and hobbies. For example, one person told us a staff member took them to the O2 Arena to watch Westlife. The staff member knew how much the person loved Westlife and wanted to see them in concert.
- People told us staff were always available to meet their needs and expectations. For example, we heard many examples where staff had collected people from events they were attending rather than them having to use public transport.
- Staff showed genuine interest and concern in people's lives, their health and wellbeing and wanted to help people achieve their personal goals, dreams and aspirations. For example, two people expressed a

wish to lose weight. Their weight gain impacted on their mood and resulted in feeling depressed as their weight had increased. Staff supported these people to attend a slimming group and spent time working out menu plans and daily food charts for them to follow. As a result, both had lost a significant amount of weight, and they had gained an awareness of how food and drink could affect their body. One person told us this had had a positive impact on their lives and they were feeling better physically and mentally. They went on to tell us how much they enjoyed going to their weekly classes and very much felt part of their community. One person's relative told us, "[name's] health is much better now she has lost the weight. She doesn't get out of breath now. They [staff] encouraged her all the way."

- Staff recognised equality and diversity and protected people's human rights. Staff received equality and diversity training to ensure they understood how to protect people's rights and lifestyle choices. The provider and staff promoted and celebrated diversity, for example, a number of activities were arranged for people and staff on LGBTQ issues (Lesbian, Gay, Bisexual, Transgender and Queer). The registered manager told us, "When we 'learn together' we 'share together' and from these events both residents and employees have been encouraged and supported to share experiences, thoughts, ask questions in an open and informed manner and to develop personally." People were shown short videos explaining a number of LGBT issues and explanations, followed by informal, open and supported discussion. People and staff made a poster together and had a Rainbow Party as the final achievement and recognition of people's openness, diversity and freedom to express themselves as individuals.

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

- People continued to be fully empowered to make life choices and decisions about the care they received. People told us they chose what they wanted to do, where they spent their time and with whom.
- The provider went to great lengths to ensure each person had a keyworker who was matched with them and who had regular key working sessions with the person. Keyworkers were matched with people taking into consideration their shared interests and activities, which supported proactive and trusting relationships. The provider told us in the Provider Information Return, "We are passionate and strive to pair the needs; personal, psychological and emotional, with an employee that can create a bond with each individual service user and benefit in a professional and personal way for both parties."
- People had a choice about who they were supported by. People were actively involved in choosing new staff and were part of the interview process. People sat on the interview panel and came up with questions they wanted interviewees to answer. People were then asked for their opinions on the candidates prior to staff being appointed.
- Staff understood and were very sensitive to people's emotional triggers and how people expressed and communicated their feelings through their behaviour. We observed staff were attentive, listened to people and paid attention to behavioural cues. This resulted in effortless communication with people which lessened people's anxiety or frustration.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service. People living at The Lawns were empowered and valued. The ethos of the service was "to respect each other, yourself and the Home." We saw this demonstrated throughout our visit.
- Some people had keys to their bedrooms and could lock their doors. We saw whenever staff entered any room, they knocked first and asked if it was okay to come in.
- People were empowered to make choices, take control of their lives and be as independent as they could be. Staff and relatives told us staff always tried hard to promote people's independence. For example, life skills teaching, and household chores were incorporated into people's activity plans to increase people's

independence and living skills. People told us they each had their own job to do around the house. One person proudly told us, "I help, and I sweep the floor and keep the secret garden clean and tidy. That's my job and I like it."

- Some people had facilities in their bedrooms to make drinks and snacks for themselves and two people shared a house in the grounds of the service, living independently with support from staff when they wanted or requested it.
- People were supported to attend further education and develop skills to enable them to access work experience and paid employment. One person worked at a local hotel which they told us they really enjoyed.
- People were enabled to maintain and develop relationships with those close to them and to develop social networks and links within the local community. Relatives could visit at any time and were made to feel welcome.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to receive support that was individual to their needs and delivered in a person-centred way.
- Staff knew people well, understood what was important to each individual and worked in a way to ensure their wishes were met. For example, ensuring people went out on trips which were important and enjoyable to them.
- People had their needs assessed before they moved to the service and information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed their care plans.
- Care plans were personalised and detailed, providing staff with the information and guidance they needed to care for people safely and in a consistent way that met their preferences.
- People told us staff gave them choices and they were able to make every day decisions about their care and how they wished to be helped.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were being met.
- Care plans provided detailed information about people's support needs. Staff understood people's needs and were aware of people's non-verbal communication methods.
- Staff used a range of aids to communicate with people, such as pictures and visual prompts, facial expressions and hand gestures. Information about the service was provided in a way that met people's needs, including in easy-read and pictorial format.

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

- People were supported to develop interests, take part in activities and work opportunities to enable them to live as full a life as possible.

- People's wellbeing benefitted from the staff promoting social events, access to the community, and activities based on their preferences.
- The registered manager told us they were always looking for ways to encourage people to create relationships with people outside of the home. People regularly attended local community groups that interested them; for example, movement to music, drama groups, bingo at the local pubs, walk and talk community groups, helping at the church coffee mornings and slimming groups.
- During our inspection people were busy doing things they wanted to do; one person went into town to visit their bank, another went on a flying trip with a friend, some people went to see a film together and others enjoyed a session of karaoke. One person told us how much they enjoyed the pub/disco night held every Friday evening where they would have flashing lights and dancing.
- People said they enjoyed regular holidays and had more planned. People told us about how much they enjoyed their Saturday trip out each week to places of interest that they had chosen to visit.
- Staff encouraged people to maintain relationships that were important to them. A relative told us they were welcome any time at The Lawns and joined in with events planned.

Improving care quality in response to complaints or concerns

- The registered manager told us complaints would be listened to, taken seriously and dealt with appropriately. People knew how to make complaints and felt confident that these would be acted upon. However, no complaints had been received since the last inspection.

End of life care and support

- At the time of our inspection the service was not supporting anyone who was receiving end of life care.
- The registered manager told us they asked people for their views and opinions and recorded any details within their care documents.
- The registered manager gave examples of when they had provided this support. Staff understood the support people may require at this time and worked with district nurses and the local hospice to support the person at the end of their life in the way they wanted.
- The registered manager and staff worked sensitively with people to acknowledge the impact of the grieving process. For example, staff supported two people when they lost their parent. Staff spent time supporting people through their grief, attended funerals with them and helped people access counselling to help with their bereavement.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider, registered manager and staff promoted a positive culture within the service and demonstrated a shared passion for promoting people's wellbeing, safety, and security. We saw people had choice and control and were involved in decisions made about their care.
- People spoke positively about the care they received from staff. One person told us, "Everybody's helpful and supportive. The boss, [registered manager's name], she helps and explains everything to me."
- Relatives told us staff were committed to providing good, high quality care. Comments from relatives included, "I think they are fantastic they are approachable and responsive. I don't think you could ask for more than that. It's one big happy family. If there are any problems, they let us know and we are always involved" and "It is a happy home, it really is. The manager and staff are really helpful." Relatives said they were listened to and were able to approach the manager and other staff about any concerns they have.
- Staff spoke positively about the registered manager and felt well supported. It was clear they had good relationships with the registered manager and provider. One staff member told us, "You've always got the support of [provider's name] and [registered manager's name], If there's anything you're not sure about you just ask. They are always here to back you up and support you."
- Staff told us, and we saw, the registered manager and provider were visible in the service and were available if anyone needed to speak with them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager was aware of, and had systems in place, to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager displayed an open approach and listened to people, their representatives and staff when things went wrong. Staff performance was continually reviewed and improved upon to ensure standards were maintained.
- The service informed relatives of any concerns if an accident or incident had happened and fulfilled their duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and staff understood their roles and responsibilities.
- The service had policies and procedures in place which considered guidance and best practice from expert and professional bodies. These provided staff with clear instructions.
- There were effective systems in place to monitor and improve the quality and standard of the service. A wide range of audits such as medication, care plans and maintenance were regularly carried out. We saw evidence they had acted upon any findings from the audits. This demonstrated improvements were made to continue to develop the service for the benefit of people who lived and worked there.
- The registered manager and provider understood legal obligations, including conditions of CQC registration. They had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

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

- People and relatives were asked their views on the service.
- The provider obtained feedback from people and their relatives or representatives, through satisfaction surveys, resident's meetings and during one to one meetings.
- People were supported to express their views using their individual methods of communication. This information was then analysed and where necessary, action was taken to make changes or improvements to the service.
- There were regular staff meetings which included subjects such as health and safety, equality and diversity, people who used the service, staffing and training. Relevant information was shared with staff to help ensure they were informed about developments and felt valued.

Working in partnership with others

- People received safe and coordinated care. The service worked in partnership with other organisations to make sure they followed current best practice, providing a quality service and the people in their care were safe. These included health and social care professionals such as GPs, and local social work teams. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.
- People were encouraged to be active within their local community by using local services regularly, including social clubs and local shops.