

Wells House Limited

The Lawns Nursing and Residential Care

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service: The Lawns Nursing and Residential Care (referred to as The Lawns) is a care home that is registered to provide personal and nursing care for up to 30 older people who might also be living with dementia or a physical disability. At the time of the inspection, 28 people were living at the home.

People's experience of using this service:

Without exception all the people and relatives we spoke with praised the home. Prior to and during the inspection, relatives contacted us to tell us about the exceptional care at the home.

People told us they felt safe and well cared for. People's preferences were respected, and staff were sensitive and attentive to people's needs. Staff were seen to be kind, caring and friendly: we heard staff engaging people in conversation and heard laughter between them. It was clear staff knew people and their relatives well.

The home was well-led by an experienced manager who had managed the home for many years and who was willing to seek advice and act on suggestions. Relatives and staff praised them for their dedication and support.

There were sufficient numbers of care staff and nursing staff employed to ensure people's needs were met. Staff had time to sit and engage people in conversation and to support people's involvement in social activities. Recruitment practices were safe, and staff received the training they required for their role. This included specialist training for nursing staff to maintain their registration with the Nursing and Midwifery Council.

Risks to people's health, safety and well-being were assessed and management plans were in place to ensure risks were mitigated as much as possible. Although not all care plans gave as detailed a description of people's needs as staff described to us, changes had been made, and were ongoing, to update the care plans and risk assessments. People's daily care notes also needed more detail to record the care provided by staff and to demonstrate people received the care they needed to keep them safe. Staff were aware of their responsibilities to safeguard people. The registered manager was committed to improving the records to reflect the good care we observed.

People and their relatives were involved in making decisions about their care.

People received their medicines safely and as prescribed. Medicine management practices were safe.

The home was spacious and well furnished. The environment was safe, and equipment regularly serviced to ensure it remained in safe working order.

Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service

provided.

Rating at last inspection: The home was previously inspected in October 2016 and was rated 'Good' in all five key questions. The report was published in December 2016.

At this inspection, the home continued to meet the characteristics for 'Good', and the rating for the home remains unchanged.

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the home until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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?

Good ●

The service was 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 Nursing and Residential Care

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.

Inspection team:

The inspection was carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

The Lawns is a nursing home registered to provide accommodation and nursing or personal care. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that 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 asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and other information we held about the service.

This included notifications we had received. Notifications are certain events that providers are required by law to tell us about.

During the inspection we spoke with eight people, four relatives, five care staff, three nurses and the registered manager. We looked at the care records for three people with complex needs, four staff files, medicine records and other records relating to the management of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said the home provided very safe care. One person said, "definitely" when asked if they felt safe living at the home and, relatives said they had no doubts about the safety of their relations.
- People were cared for by staff who knew how to raise and report safeguarding concerns. One staff member said, "I would whistle-blow straightaway. I'm not thinking of who I am working with, I am thinking about who I am working for. It is their home. I would go to the matron and then document it and do a statement. If it was a manager, I would notify CQC and social services."
- The provider had safeguarding policies in place and at the time of the inspection, staff were undergoing safeguarding training.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks to people's health, safety and well-being were assessed, and management plans were in place to reduce the risk of people coming to harm. The risk assessments covered areas such as falls, eating and drinking and pressure area care. However, two of the three care plans and risk assessments we looked at did not reflect the level of detail described to us by staff when they told us about people's care. By the second day of the inspection, these care records had been rewritten. They now provided very clear descriptions of people's needs and how staff should provide support to reduce risks. The registered manager gave assurances that all care records would be reviewed and where necessary rewritten.
- One person told us how staff had responded quickly to a health emergency they had recently experienced. They said they were "very thankful" for the attention given to their safety.
- The registered manager had a system to record accidents and incidents and we saw these were regularly reviewed to identify whether people's needs were changing. For example, one person experienced a number of falls in a short period of time. The staff sought medical advice and it was identified the person had a health condition that required treatment. Once the person had received this treatment, they had not experienced any further falls.
- Environmental risk assessments and the regular servicing of equipment ensured the environment remained a safe place for people to live.

Staffing and recruitment

- Recruitment practices were safe with pre-employment checks, including disclosure and barring (police) checks, carried out prior to the commencement of employment. The registered manager undertook monthly checks of the nurses' registration with the Nursing and Midwifery Council.
- Staff and people told us there were enough care staff and nursing staff to ensure people's needs were met. One person said, "On the whole it's marvellous, sometimes you have to wait your turn. It's as marvellous as you can imagine as a home". A nurse said, "You have time to get to know the residents." The home also

employed housekeeping, laundry, catering and administrative staff.

- The registered manager used a dependency tool to assess people's staffing needs and staffing was adjusted in line with people's changing needs.

Using medicines safely

- At the previous inspection in October 2016, we found the medicine administration round in the mornings was taking a long time to complete. Since then, the home had employed more nursing staff to provide two nurses during the day who both administered medicines. Also, a number of experienced care staff had been trained to administer medicines to those people receiving residential care. This has meant people receive their medicines more timely.
- Medicine administration records, as well as those relating to the medicines held in the home, were clear and well completed. A sample of medicines were checked against the records and found to be accurate.
- There were safe arrangements in place to receive, store and dispose of medicines.

Preventing and controlling infection

- The home was very clean with no unpleasant odours.
- Staff received training in infection control. The training records showed some staff required updates; this was being arranged by the registered manager.
- Hand washing facilities were available throughout the building and staff were seen to use aprons and gloves to reduce the risk of cross infection.

Learning lessons when things go wrong

- The registered manager ensured they reflected on occurrences where a lesson could be learnt. They and the staff team used this as an opportunity to improve the experience for people.
- The manager used feedback from people, relatives and staff, as well as reviews of accidents, to make improvements to the home.

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

Good: ☐ 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

- People's needs were assessed with them and their relatives prior to their admission to ensure their needs could be met. Relatives told us how impressed they had been with the thoroughness of the initial assessment process. This gave them confidence their relations would be well cared for at The Lawns.
- Assessments identified people's care needs and provided staff with guidance on how to meet these needs in line with best practice guidance and people's preferences. For example, in relation to nutrition and skin care, where people required nutritionally enhanced food, or their position changed to prevent skin breakdown. Good communication between nursing and care staff meant people's needs were well known and understood within the team.
- People's communication needs were identified in line with Accessible Information Standards, and staff were guided how to support people's communication. For example, one person was supported with the use of a white board which staff used to provide the person with information about the day. (The Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.)

Staff support: induction, training, skills and experience

- The Lawns had a stable staff team. Many of the staff had worked at the home for a long period of time; some for over 20 years. They described the home as a great place to work. One staff member said, "It's a nice environment to work in and very friendly."
- Staff received the training and support they required to do their job effectively, which included training in care related topics as well as health and safety issues.
- New staff were provided with an induction training and worked alongside experienced staff until assessed as competent and confident. One newly employed member of staff said, "Training has been good, and the induction was very good as well."
- People and relatives told us staff were skilled, knowledgeable and competent.
- Staff had the opportunity to discuss their training and development needs informally, with the registered manager or any of the nursing staff, as well as formally through supervision and appraisals.

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

- People's needs in relation to eating and drinking and their risk of poor nutrition and hydration were described in their care plans. Guidance was sought and followed to ensure people ate as well as they could given their healthcare needs. Some people required nutritional supplements or their food to be prepared as a soft or pureed consistency due to their risk of choking.
- Catering staff had up to date information about people's nutritional needs and food preferences and nurses oversaw people's intake. One relative told us how the staff had consulted them over their relation's

nutritional needs. They said, "They did take me to the kitchen and talk about her food needs when she first came. So, they're on the ball."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were being met. The service worked closely with health and social care professionals to ensure people were supported in a way that maximised their health and well-being.
- The registered manager and a nurse had recently undertaken enhanced training in assessing people's health conditions, with the local hospice's training in the 'assessment of the sicker patient'. This has resulted in quicker recognition of people's declining health and an easier way for nurses to assess people. There is also the introduction of a 'grab and go' bag with all the nurses would need to undertake a comprehensive assessment of people's condition.
- Relatives gave us examples of how the nursing and care staff were attentive to people's needs and observant to changes in their well-being, meaning they would know if a person was feeling unwell or was in pain. One relative said, "I trust them to know or recognise if she's uncomfortable."
- The registered manager met regularly with the home's GP to review people's healthcare needs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The home was working in adherence with the principles of the MCA. People's consent to receive care and support was gained by staff with each interaction. Where people were unable to consent to receive care and support, capacity assessments had been undertaken and best interest decisions made on people's behalf.
- Where restrictions had been placed on people's liberty to keep them safe, authorisation from the local authority had been applied for. The registered manager reported for some people new to the home, applications were still to be submitted, but these would be completed shortly.

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

- The home had been refurbished since the previous inspection and toilet and bathing facilities upgraded to ensure they could be used safely by people with reduced mobility.
- People's rooms were personalised, and people were able to bring in their own possessions. People had photographs and mementoes to make them feel at home.
- There were comfortable communal areas on the ground and first floors where people were able to spend time together.
- People had access to secure patio areas.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives confirmed staff treated people in a caring, respectful and dignified way. Without exception people and relatives told us how well they were cared for. Relatives, prior to and during the inspection described the staff as "amazing", "cheerful" and "fantastic". They also said the home provided "exemplary" care. One relative said, "He's in the best place. They're lovely here. They know everything he wants. Even if the carers aren't on duty up here, if they hear he's unwell they come up to see him. Also, they look after me – which is great. He loves his birdlife so there are bird feeders outside his window." Another relative described The Lawns as a real "home from home", for them as well as their relation, and said their relation "adored" the staff.
- Staff knew people's individual needs very well as they had built up a trusting relationship over a period of time. One staff member said, "I'm keyworker for [name], I speak to her husband a lot about what she likes and always talk to him. She likes to laugh, and I still talk to her even though she cannot respond as I think she understands what I am saying. I will always ask and tell her what I am doing and explain things to her."

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

- People, as well as relatives, were involved making decisions about their care. Records showed staff discussed people's care on an on-going basis and involved healthcare professionals where necessary.
- Care plans included information about people's personal, cultural and religious beliefs.
- Staff told us the routines within the home were flexible and people could decide how and where they spent their day. One member of staff said, "People choose when they get up, but usually if you mention breakfast people want to get up. And if people change their minds and want breakfast in bed, we will do whatever they want to do."

Respecting and promoting people's privacy, dignity and independence

- Where people were still able to participate in their care, their independence was promoted. Although care plan didn't always have a detailed description of what people could do for themselves, staff described how they supported people to do what they could for themselves. This included washing and dressing, eating and drinking and engaging in activities.
- People's right to privacy and confidentiality was respected. Staff were seen to be discreet when asking people if they required support with personal care.
- Staff were keen to ensure people's rights were respected and not discriminated against regardless of their disability, culture or sexuality.
- People were supported to maintain and develop relationships with those close to them. The registered manager said they promoted people's privacy and, respected when people wished to spend time alone with people they loved and who were important to them.

- Relatives and friends were invited to spend as long as they wished with people and were able to have meals with them.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support in a way that was flexible and responsive to their needs. One person said the home was "very nice" and they had everything they needed. Relatives also confirmed the home understood the complexities of people's care needs and cared for people well. A relative said, "From the second we walked in the door, I knew I'd done the right thing. The staff go above and beyond and provide really outstanding care." The feedback we received from relatives prior to this inspection described the home as being "professional" and "compassionate".

However, two of the three care plans we looked at did not detail people's needs in a way that ensured consistency in care giving. The rewritten plans on the second day of the inspection were very much more detailed. In addition, people's daily care notes needed more detail to record the care provided by staff and to demonstrate people received the care they needed to keep them safe. The lack of detail in the care records had not had any negative impact upon people's well-being, due to the high level of communication between nursing and care staff about people's needs. The registered manager was committed to improving the records to reflect the good care we observed.

- People's communication needs were identified, and staff were guided to ensure people had their hearing aids and glasses to support their communication. The home could provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.
- Staff knew people well and could describe their likes, dislikes and preferences. Staff were aware of people's history and used this information to tailor their support and interactions with people.
- People told us they enjoyed the activities provided by the home, and on the morning of the first day of the inspection, people enjoyed playing bingo. The home subscribed to a newsletter detailing the daily news from the time when people would have been young adults. This was used to engage people in conversation and reminisce about people's past experiences.
- Staff told us many of the people living at the home were in very frail health and were unable to participate in group activities. Staff said they spent time with people in their rooms. One said, "You get time with people to spend one to one."
- The staff told us empathy dolls and an electronic interactive cat provided comfort for people. The registered manager had knitted clothes for the dolls so people to dress and undress them, as well as making "twiddle-muffs" for people to hold. These are used with people living with dementia to enhance their sensory experience. One person had been made a "DIY" board, with locks, chains, bolts and door handles on which they enjoyed handling and we saw them using this board during the inspection.

End of life care and support

- The Lawns is accredited with the local hospice for its end of life care. The registered manager and a nurse were end of life 'champions' having completed the hospice's training programme. They attend forums to ensure they kept up to date with the latest guidance and advice. The home used an end of life care plan

approved by the hospice which focused on the people's needs and wishes, as well as those of their relatives and/or friends.

- The feedback the home and CQC had recently received from relatives about the quality of the care and support provided at this sensitive time was very complementary. Relatives' comments included, "exceptionally well looked after", "I know that he was in the best hands" and "They gave care with love and respect. I couldn't have asked for more."
- People's wishes about how they would like to be cared for at the end of their lives was recorded in their care plans.

Improving care quality in response to complaints or concerns

- People and relatives had no complaints and felt confident they would be listened to if they did.
- Comment cards were available in the entrance way should people or relatives wish to raise a concern anonymously.
- The home had received one complaint in the past year and the investigation and subsequent actions were clearly recorded.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, relatives and staff told us the home was managed in a way that was person-centred and promoted people's well-being.
- Throughout our visit we saw the registered manager interacting with people, relatives and staff. It was clear people knew the registered manager and they engaged with them in a familiar and relaxed manner.
- The home informed relatives of any concerns with people's health or if an accident had happened, fulfilling their duty of candour. Relatives told us they were kept fully informed.

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

- The home continued to be well-led by the committed and dedicated registered manager. When they talked to us about the home, they were passionate and enthusiastic about providing the best possible care they could. They and the staff team were proud of the home.
- The registered manager and the nursing team were clear about their roles, and understood quality performance, risks and regulatory requirements.
- Staff told us they felt listened to, could make suggestions and the registered manager and nurses were approachable. One said, "I love the management. They are not always 'the manager', you can sit and talk to them about other things. Matron she is so good. She works out on the floor and she'll drop anything if you need her. She is lovely, and she thinks a lot of the residents. And the same with the nurses, they don't just give people their medicines. They spend time with the residents and you can see if a person is upset, they get distressed too. They and the matron will help whenever they can."
- Quality assurance processes, such as audits and staff meetings, ensured the registered manager and the provider had the information they required to monitor staff performance as well as the safety and quality of the care provided. Where areas for improvement were identified, action was taken. For example, the home had met with healthcare professionals to develop better communication systems.
- The manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The manager regularly sought views from people, their relatives, staff as well as external healthcare professionals to monitor and improve the home. Surveys were used to formally seek people's views and the most recent results were very positive: comments included, "Staff are kind, considerate and dedicated" and

"No changes needed, a well-run home which provides expert care for people who need it."

- Where suggestions for improvement had been made, these had been adopted. For example, suggestions were made to provide a wider variety of vegetarian meals, and the catering staff had consulted with people and amended the menus.

Working in partnership with others

- People were supported by a range of professionals and the staff team consistently worked closely with these to ensure all aspects of a person's life was recognised as being important.
- The service also worked in partnership with the local authority. In addition, the registered manager was a member of the Registered Nursing Home Association and attended forums organised by the local authority to support care providers.