The Lawns Residential Care Home Limited

The Lawns Residential Care

Inspection report

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Birmingham
West Midlands
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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 Residential Care is a residential home which was providing accommodation and personal care for 36 people aged 65 and over at the time of the inspection. Some people were living with dementia.

People's experience of using this service:
People told us they felt safe and staff were kind and caring. Staff understood how to safeguard people from abuse and report any concerns. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the home. People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The manager assured us the principles of the Mental Capacity Act would be further embedded in the assessment and care planning processes. People's needs were assessed prior to them using the service. Arrangements were in place for new staff to receive induction training.

There was ongoing training for all staff. Staff were supported with regular supervisions and were given the opportunity to attend regular meetings to ensure they could deliver care effectively. People were supported to eat a nutritionally balanced diet and to maintain their health.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner. Our observations during inspection, were of positive and warm interactions between staff and people. People spoken with could not recall discussing their care needs, however, the manager assured us he had plans to develop the care planning process to ensure people had more involvement.

People were provided with varied activities in accordance with their needs and preferences. People were aware of how they could raise a complaint or concern if they needed to and had access to a complaints procedure.

The manager provided leadership and took into account the views of people, their relatives, staff and visiting professional staff about the quality of care provided. The manager used the feedback to make improvements to the service and had established a quality assurance system.

Rating at last inspection:
Outstanding (21 April 2016)

Why we inspected:
This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow–up:
We will continue to monitor the service to ensure that people receive safe and high- quality care and re-inspect in line with the rating for the service. We may inspect sooner if we receive information of concern.

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 remained Good.

Details are in our Safe findings below.

Is the service effective?

Good

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Good

The service had dropped to Good.

Details are in our Caring findings below.

Is the service responsive?

Good

The service remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service had dropped to Good.

Details are in our Well led findings below.

The Lawns Residential Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by an adult social care inspector.

Service and service type:
The Lawns Residential Care is a 'care home'. 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 accommodates up to 40 people.

At the time of the inspection, the manager was in the final stages of the registration process. This meant the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced.

What we did:
Before the inspection, the provider completed a Provider Information Return. 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. This information helps support our inspections. We also reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We used our planning tool to collate and analyse the information before we inspected.

During the inspection, we spoke with seven people who lived in the home, two relatives, four members of

staff, the administrator and the manager. We also met the provider's representative. We looked at the care records of three people who used the service, undertook a tour of the premises and observed staff interaction with people, and activities that were taking place. We also examined a sample of records in relation to the management of the service such as staff files, quality assurance checks, staff training and supervision records and accidents and incidents.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse
• People were protected from the risk of abuse.
• People told us they felt safe and were satisfied with the care and support they received. For instance, one person said, "I feel very safe and have full confidence in the staff". Another person commented, "It's a wonderful home. You couldn't get better."
• Staff understood their responsibilities to protect people from avoidable harm or abuse. Procedures supported staff to report any concerns.
• Relatives we spoke with had no concerns about the safety of their family members. For instance, one relative told us, "We're very happy with the home and can't find any faults."

Assessing risk, safety monitoring and management
• Risks were identified and guidance was in place to support staff to manage any potential risks people's well-being. Records were reviewed and updated to reflect people's current needs.
• Environmental risk assessments had been carried out to ensure the safety of people's living space. The premises and equipment were well maintained.
• Emergency plans were in place including information on the support people would need in the event of a fire.
• The provider arranged for checks on electrical and gas installations, as well as equipment used in the home, to make sure they were safe. All safety certificates were within date.

Staffing and recruitment
• People told us there were sufficient staff available to help them when they needed assistance. For example, one person told us, "The carers are there in an instant, whenever I press the call bell."
• We saw staff responded promptly and sensitively to people's needs.
• The manager continually reviewed the level of staff using a dependency assessment tool, which considered all aspects of people's needs.
• Safe recruitment procedures were in place to make sure people were of a suitable character to work in a care setting.

Using medicines safely
• Trained and competent staff safely managed medicines. Systems were in place to ensure medicines were stored, administered and disposed of appropriately.
• People told us they received their medicines when they needed them and they were administered on time.
• Suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. A random check of stocks corresponded accurately to the controlled drugs register.

Preventing and controlling infection
• We observed the home had a good standard of cleanliness in all areas seen.
• There were systems in place to ensure the service remained clean and to support staff to manage and control the spread of infection. Staff wore appropriate personal protective equipment, such as disposable gloves and aprons, when delivering personal care.

Learning lessons when things go wrong
• Records were kept in relation to any accidents or incidents that had occurred at the service, including falls. The manager checked and investigated all accident and incident records to make sure any action was effective and to see if any changes could be made to reduce the risk of incidents happening again.

Good

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

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 care needs were assessed before moving into the service, to ensure that effective care could be planned and delivered. However, we noted people's capacity to make decisions was not routinely considered. The manager assured us the assessment form would be updated.
• People were encouraged to visit the home prior to admission. This ensured people were able to sample life in the home before making the decision to move in.

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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

• We found staff had received training and understood the relevant requirements of the MCA. Staff spoken with said they always asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. We observed that staff spoke with people and gained their consent before providing support or assistance. Following the inspection, the manager sent us documentary evidence of staff seeking consent to provide care.
• There was limited information in people's care files about their capacity to make decisions about their care. The manager had identified this shortfall and was addressing this issue as part of his action plan to develop the service.
• The manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection, two applications had been authorised and two were pending approval. Any conditions attached to the DoLS authorisations had been met.

Adapting service, design, decoration to meet people's needs
• We looked around the home and found it was appropriate for the care and support provided. Mobility aids

and assisted baths were in place and doorways into communal areas, bedrooms, toilet and bathing facilities were sufficiently wide to allow wheelchair access.
• There were several themed areas around the home, including a wooded area, beach area and street area. The street included an array of shop fronts, which were filled with items and memorabilia familiar to people who lived in the home. There were also places people would expect to see in their local community, such as a post office and police station. In addition, there was a shop in the living area, which provided people the opportunity to buy items such as toiletries and confectionary.
• On the first floor, a café area had been created for people to enjoy their meals and have drinks.
• There was appropriate signage in all parts of the building to help people navigate round the home.

Staff support: induction, training, skills and experience
• People told us they felt the staff were competent and knowledgeable. For instance, one person said, "The carers are excellent and do a very good job."
• Staff training records confirmed there was a rolling programme of relevant training to ensure staff were able to undertake their role and fulfil their responsibilities.
• Staff told us they were provided with regular one to one supervision and they were well supported by the manager and the senior staff.
• The provider had arrangements in place to provide all new staff with a structured induction programme, which included a period of shadowing experienced members of staff.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to maintain a healthy diet. We saw that a range of fresh produce was used to cook a variety of meals for people. One person said, "The food is wonderful. We get a choice every day."
• Breakfast was flexible and was served throughout the morning by a meal time assistant.
• People were encouraged to drink adequate fluids to prevent dehydration. Covered jugs of juice were left out on all tables, so people could get drinks at any time.
• We observed the meal time arrangements on the first day of inspection and noted people had a positive experience. Staff interacted with people throughout the meal and we saw they supported people in a sensitive way. The overall atmosphere was cheerful and good humoured.
• People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to healthcare professionals, as needed. Risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration.
• All special dietary requirements were catered for.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People received appropriate support to ensure their healthcare needs were met.
• People's physical and mental healthcare needs were documented within the care planning process. This helped staff to recognise any signs of deteriorating health.
Records showed people had access to health professionals when required. For example, district nurses and chiropodists visited the service regularly to support people with ongoing treatments. A local GP also visited the home on a weekly basis to discuss and treat any healthcare conditions.
• The manager ensured joined up working with other agencies and professionals, so people received effective, timely care.

Good

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.

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

Supporting people to express their views and be involved in making decisions about their care
• People were encouraged and supported to make decisions about their day to day routines, in line with their personal preferences. However, whilst people felt they were well cared for, none of the people we spoke with were familiar with their care plan and could not recall discussing their care needs with staff. This meant they had limited opportunities to influence the delivery of their care. The manager explained he had plans to develop the care planning process to ensure people were more involved and the information was readily accessible to staff.
• People were encouraged to express their views as part of daily conversations, residents and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings and noted a variety of topics had been discussed.
• The manager was aware of the need to consider arranging the support of an advocate, if people did not have any family or friends to support them. An advocate is a person, who would support and speak up for a person, who does not have any family members or friends who can act on their behalf. Following the inspection, the manager sent us confirmation the Residents' Guide had been updated to include details about the advocacy service.

Ensuring people are well treated and supported; respecting equality and diversity
• Everyone we spoke with expressed satisfaction with the care provided and made complimentary comments about the staff team. For instance, one person told us, "This a dream home. The staff are so lovely and so caring."
• We saw staff interacted well with people in a warm and friendly manner and observed that people were comfortable in the presence of staff who were supporting them. We observed staff gave their full attention when people spoke to them and noted that people were listened to properly.
• Relatives spoken with also gave us positive feedback about the service. One relative commented, "I'm more than happy with the care. I can't sing their praises enough." They also confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed many relatives visiting during our inspection and noted they were offered refreshments.
• Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful of people's diverse needs and had built positive relationships to support them.

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity was respected and people could spend time alone in their rooms if they wished. People's bedrooms were fitted appropriate locks and we observed staff knocking on doors and

waiting to enter during the inspection.
• People had choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose and where they wanted. We observed staff waited for people to respond when asked a question to ensure they knew the person's choice.
• People were encouraged and supported to maintain their independence whenever possible. For instance, people were encouraged to serve themselves at mealtimes.
• Staff understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

Good

Is the service responsive?

Our findings

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

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 person-centred care which met their needs. One person told us, "All the staff look after us all so well. They will do anything they can to help us."
• Each person's individual file contained information around their care and support needs to guide staff. The information included; care plans and risk assessments covering their daily living needs including health, social and emotional well-being. Information was also available about their life history and memories of their life and childhood. This enabled staff to understand each person's personality and history, and ensure that people were treated as individuals.
• People's care plans were reviewed monthly or sooner if a person's needs changed. This helped to make sure people received the correct level of care and support. The manager explained an annual review was held with people and their relatives, as appropriate.
• Staff maintained daily records of care and completed appropriate monitoring charts. These provided information about changing needs and any recurring difficulties. We noted the records were detailed and people's needs were described in respectful and sensitive terms.
• Care staff understood the importance of promoting equality and diversity and respecting individual differences. This included arrangements that could be made if people wished to meet their spiritual needs by religious observance. The manager recognised the importance of appropriately supporting people on an individual basis.
• People were provided with a range of activities in accordance with their needs and personal preferences. One person told us, "There is always something going on and plenty to do."
• There was an activity organiser employed at the home who arranged and supported people to take part in group and individual activities.
• The manager used technology to enhance the delivery of effective care and support. We noted where people were deemed at risk they were supported by the use of sensor equipment on the door and by their bed. People were also given the opportunity to wear a pendant alarm which was linked to the call system. There was Wi-Fi available around the building and a laptop was used to help with activities. CCTV was installed to monitor the external areas of the home and grounds.

Improving care quality in response to complaints or concerns
• People had access to a complaints procedure and were confident any concerns would be listened to and acted upon. For instance, one person told us, "I don't have any complaints at all, but I talk to any of the staff if I did."
• We saw the complaints procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. There were arrangements in place for investigating and resolving complaints.
• The manager informed us, he had received no complaints about the service.

• The manager understood his responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs.
• Staff understood people's communication needs and these were recorded in people's care plans.

End of life care and support
• People were supported to have comfortable, dignified and pain free end of life care.
• Wherever appropriate, people's care records contained information about their preferences about how they wanted their care to be provided. This included information about their DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) status.
• Staff involved the relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free.

Good

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.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
• Since the last inspection, there had been two changes to the management of the home. This had impacted on some aspects of the service, for instance, people were not routinely involved in the review of their care plans and people's capacity to make decisions about their care was not always documented as part of the assessment and care planning processes.
• At the time of this inspection, the manager was going through the final stages of the registration process with the commission.
• The manager had a clear vision for the home and had produced an action plan with timeframes, which encompassed the development of the care plans and further embedding of the Mental Capacity Act. He therefore needed time to fully implement the planned developments.
• The manager had established systems to monitor the quality of the service. Audits were undertaken by the management team and action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.
• We saw all aspects of the service were checked, including health and safety, staff training and supervision, medicines and the environment. We noted when shortfalls were discovered, improvements were actioned.
• The manager was fully supported by the provider's representative, who worked in the home on a daily basis.
• Staff meetings were utilised to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings, and the manager was open to feedback.

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
• The provider, manager and staff were all keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the home. Staff told us they felt everyone was well looked after and they all told us how much they enjoyed their work. For instance, a staff member commented, "I love working here, it's not like a job. I really enjoy looking after the residents". The manager told us he was proud of the commitment and dedication of the staff team.
• The manager knew the people living in the home well. We observed people responded positively to the manager throughout the day. He was visible throughout the home and available to people, their relatives and staff. For instance, he sat with people in the dining room while they were having their lunch.
• The manager understood the requirements of the duty of candour and described an incident which involved a medicines error. No harm occurred and the manager ensured an apology was given to the person

concerned and measures were taken to minimise the risk of a reoccurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

• The manager positively encouraged feedback from people and acted on it to continuously improve the service.

• People, relatives and visiting professional staff were invited to complete an annual satisfaction questionnaire. The last survey was conducted in September 2018. We looked at the collated results and noted all people indicated they were satisfied with the service.

• The manager and staff team were aware of people's individual needs and fully considered their equality characteristics to ensure they were involved in the service.

• Compliments received by the service highlighted the quality of the care provided in the home. We saw numerous cards during the inspection thanking the manager and staff for the care provided for their family members. We noted one relative had written, "Thank you so much for the care, kindness, patience and understanding shown to my [family member]."

• The manager told us the service had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included healthcare professionals such as the speech and language therapy team, the district nurses and the local GP, as well as social care professionals such as the safeguarding and social work teams.