Lawnbrook Care Home Limited

Lawnbrook Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Lawnbrook Care Home provides accommodation for up to 30 people, including people living with dementia care needs. There were 25 people living at the home when we visited. The home is a large building based on three floors, connected by two stairways and a passenger lift. The bedrooms are all for single occupancy and have en-suite toilets and washbasins. The kitchen and laundry were based on the ground floor, as was a communal lounge/dining room. People could use two smaller lounges on the upper floors of the building.

We previously inspected Lawnbrook Care Home in February and June 2017. During an unannounced, comprehensive inspection of the home in February 2017, we identified breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that care and support were provided in a safe way; and they had failed to ensure good governance of the service. Following the inspection, we issued warning notices for the breaches of Regulations 12 and 17.

We required the provider to take action to meet these regulations by 30 June 2017. The provider sent us an action plan detailing what they would do to meet the regulations. We undertook an unannounced, focused, inspection on 18 July 2017 to check the provider had followed
their plan and to confirm that they now met legal requirements. We found improvements had been made to the quality and safety of the service and there was no longer a breach of regulations. However, further improvement was still required.

This inspection took place on 11 and 12 October 2017. The inspection team consisted of one inspector, one inspection manager 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.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Risk assessments identified when people were at risk from every day activities, such as moving around the home and detailed what action was taken to minimise those risks and to deliver care and support which met people's needs safely. However, risk assessments did not identify all risks at the home. Staff had completed Mental Capacity Act assessments but these were confusing and unclear about the decision making process. However, staff asked people for their consent before they supported them with personal care.

People told us staff supported them with their medicines. There were appropriate arrangements in place for obtaining, storing, administering and disposing of medicines. Medicines administration records (MAR) were completed fully, which showed people had received their oral medicines when needed. However, the MAR

charts used to record the application of topical creams were not fully completed.

The registered manager had a system of audit in place to monitor the quality of service provided. However, we identified areas of concern which had not been identified through audits.
People and their relatives said they felt safe at the home. The provider had policies and procedures in place designed to protect people from abuse and staff had completed training in safeguarding people. People's needs were met by suitable numbers of staff, who were trained appropriately for their role.

People told us they were satisfied with the cleanliness of the home and maintenance was completed as soon as possible.

People were supported to eat and drink enough and were offered choices. Some people required a specialist diet and staff ensured they were offered appropriate food.

People were supported to access healthcare services and ongoing healthcare support when necessary. People confirmed that they saw the doctor when they were unwell.

Staff developed caring relationships with people living at Lawnbrook and supported them to express their views and be actively involved in making decisions about their care and support. People told us staff respected their privacy and dignity when supporting them.

The registered manager completed an assessment process in place which started with visiting the person in their current environment. Care plans provided information for staff to be aware of how they preferred to be supported, for example, with their personal care. Staff knew people well and understood their needs. The provider employed an activities co-ordinator who had received training for the role. The provider had a complaints procedure in place and was displayed in the entrance hall.

The provider and registered manager promoted a positive culture and staff spoke highly of the home and its management. There was a clear management structure in place which demonstrated good management and leadership.

We identified a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were supported to take their medicines as prescribed and systems were in place to manage people's medicines safely; however some records were not completed to show this.

People had risk assessments in place to ensure every day risks were identified and minimised where possible but did not identify all risks.

Staff had completed training with regard to safeguarding and the registered manager knew how to make appropriate safeguarding referrals.

People's needs were met by suitable numbers of staff and appropriate recruitment procedures were in place.

Is the service effective?

Requires Improvement

The service was not always effective.

Mental capacity assessments and best interests decisions were undertaken but were confusing, unclear and did not address sensor mats.

People were supported by staff who were trained appropriately for their role.

People were supported to eat and drink enough and were offered choices.

People were supported to access healthcare services and on-going healthcare support when necessary.

Maintenance of the home was completed as soon as possible.

Is the service caring?

Good

The service was caring.

Staff developed caring relationships with people

People were supported to express their views and be involved in making daily decisions about their care and support.

Staff supported people whilst being mindful of their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People enjoyed the activities when they chose to join in.

The provider had a complaints procedure in place and people knew how to complain.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager had a system of audit in place to monitor the quality of service provided. However, we identified areas of concern which had not been identified through audits.

The provider and registered manager promoted a positive culture and staff spoke highly of the home and its management.

There was a clear management structure in place which demonstrated good management and leadership.

People's views were sought and taken into account.

Lawnbrook Care Home

Detailed findings

Background to this inspection

We carried out an unannounced, comprehensive inspection of Lawnbrook Care Home in February 2017. We identified breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that care and support were provided in a safe way; and they had failed to ensure good governance of the service. Following the inspection, we issued warning notices for the breaches of Regulations 12 and 17.

We required the provider to take action to meet these regulations by 30 June 2017. The provider sent us an action plan detailing what they would do to meet the regulations. We undertook an unannounced, focused, inspection on 18 July 2017 to check the provider had followed their plan and to confirm that they now met legal requirements. We found improvements had been made to the quality and safety of the service, although further improvement was still required.

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 confirm whether the provider is now meeting all 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.

Lawnbrook Care Home provides accommodation for up to 30 people, including people living with dementia care needs. There were 25 people living at the home when we visited. The home is a large building based on three floors, connected by two stairways and a passenger lift. The bedrooms are all for single occupancy and have en-suite toilets and wash basins. The kitchen and laundry were based on the ground floor, as was a communal lounge/dining room. People could use two smaller lounges on the upper floors of the building.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The inspection took place on 11 and 12 October 2017. The inspection team consisted of one inspector, one inspection manager 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.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. The provider had not been asked to complete a Provider Information Return prior to this inspection. 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 discussed this information with the registered manager during the inspection.

During the inspection, we spoke with 11 people, three relatives, eight staff and the registered manager. We looked at a range of records, including three care plans, staff five recruitment files and quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

At our last comprehensive inspection, in February 2017, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice and required the provider to make improvements by 31 May 2017. The provider sent us an action plan detailing what they would do to meet the regulations. We undertook an unannounced, focused, inspection on 18 July 2017 to check the provider had followed their plan and to confirm that they now met legal requirements. At that inspection, we found action had been taken and there was no longer a breach of this regulation. However, some further improvement was still required. Topical creams were not managed in a way that ensured their effectiveness and errors were identified in the medicine recording systems of controlled drugs, which are medicines subject to additional controls by law.

During this inspection we found improvements had been made regarding the concerns around topical creams and controlled drugs. There were appropriate arrangements in place for obtaining, storing, administering and disposing of medicines. Medicines administration records (MAR) were completed fully, which showed people had received their oral medicines when needed. However, the MAR charts used to record the application of topical creams were not fully completed. We advised the registered manager about the charts and they took immediate action. They confirmed that people had received the topical creams as prescribed and put in place a new audit form before the end of the day. The following day, we saw that staff had completed the new form, which was checked twice a day when there was a staff changeover.

People told us staff supported them with their medicines. One person said, "[Staff are] very good with that" and another said, "[Staff] get it for me. They do everything for you here." A visitor confirmed their relative received their medicines as prescribed. Senior staff were trained and assessed as competent to give people their medicines. Some care staff had completed training so they could understand the importance of medicines but did not administer medicines to people.

Risk assessments identified when people were at risk from every day activities, such as moving around the home and detailed what action was taken to minimise those risks and to deliver care and support which met people's needs safely. However, we saw that one person had a sensor mat by their bed which did not have a risk assessment in place. We were told and records showed that the person did not need a sensor mat but it was by the person's bed where it could have presented a trip or fall risk to them. In addition, some rooms on the first and second floors had patio doors leading to balconies. All of the doors were locked and it was thought people did not have keys, but there was not a risk assessment in place to ensure people were safe. After they received the draft report, the registered manager sent us a copy of the new risk assessment which identified risks around staff accessing the balconies.

The lack of risk assessment was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives said they felt safe at the home. Comments from people included, "It's a high security place; you just try getting in!", "Oh yes. There's always people about and people help you. It's nice",

"I feel secure" and, "Oh yes. You're not in any danger here." One person told us there had been an incident which made them feel unsafe when they moved into the home and explained the action staff and the registered manager had taken to ensure their safety, which included the use of closed circuit television and a sensor mat. The person said, "I'm not frightened of anything here now."

The provider had policies and procedures in place designed to protect people from abuse and staff had completed training in safeguarding people. The registered manager knew how and when to use safeguarding procedures appropriately. Staff were reminded about safeguarding procedures at each team meeting and staff told us what action they would take if they suspected or witnessed abuse.

People's needs were met by suitable numbers of staff. A relative told us that the staff team was consistently the same staff. Staff told us they felt the home was staffed appropriately and one said, "Staffing levels are much better. People are more settled as they know staff, there are few agency."

The registered manager decided the staffing levels based on people's needs as well as considering their future needs, for example, how their mobility may decrease. The registered manager told us they listened to what staff were saying about the work levels and responded accordingly. They had made changes in what tasks the staff were expected to do in the afternoons which had freed up staff time to support people directly, rather than doing housekeeping tasks. People were supported to bathe in the morning instead of the afternoon and staff worked specifically in the laundry. New staff had been recruited and where agency staff were sometimes needed, the registered manager asked for staff who were familiar with the home and people's needs.

Appropriate recruitment procedures were in place. The provider sought references and completed checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Not all recruitment files contained full employment history. We brought this to the attention of the registered manager and they sent us the completed information after the inspection.

People told us they were satisfied with the cleanliness of the home and comments included, "[The home is] very clean", "I've never noticed anything out of order" and "It's alright. Nice and clean and everything." During our visit, the home appeared clean and we saw that cleaning tasks were carried out throughout the day. The registered manager told us they had redesigned the laundry area to improve the hygiene. There was a new sink and hand wash facilities and the smoking area had been changed so that staff did not walk through the laundry area. Shelves had been put in toilet areas so the personal protective equipment could be stored more hygienically. Soap dispensers and paper towels had been placed in all en-suite toilets. Cleaning schedules had been put in place and these were audited to ensure they were completed accurately.

Requires Improvement

Is the service effective?

Our findings

At our last comprehensive inspection, in February 2017, we identified breaches of Regulations 9, 11, 13, 15 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We observed that moving and repositioning techniques being used were not always safe or appropriate. The induction process for new staff was not structured and did not enable the provider to check that staff had the appropriate level of knowledge and skills to work unsupervised; staff new to care had not begun working on the Care Certificate to further support them in their role; there was no system in place to monitor and record staff training and this made it difficult for the provider to identify what training staff had undertaken and when it needed to be updated and people were not cared for by staff who were supported appropriately in their role through the use of supervision.

A choice of meals was available, but meal choices were not offered in a meaningful way for people living with dementia or cognitive impairment; some staff did not know which people required special diets or how to meet their dietary needs and where people were not eating and drinking enough to maintain their health, records were not sufficient for staff to monitor their intake. During the care planning process, senior staff did not always follow legislation designed to protect people's rights. Staff did not know which people had their liberty restricted by law.

The premises were not maintained in a suitable condition. Hot water was not always available to people on the upper floors of the home; the lift had repeatedly broken down in recent months; and the décor was not supportive of people living with dementia.

During this inspection, we found there was no longer a breach of regulations but improvements were still needed.

Staff had training about the Mental Capacity Act 2005 (MCA). The 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. Staff followed the principles of MCA in their daily practice by involving people in their care and support.

Some people had sensor mats in their bedroom which were used to alert staff if they got out of bed and were at risk of falling. However, where people could give consent, this had not been recorded and where they could not, mental capacity assessments or best interests decisions had not been put in place.

Mental capacity assessments and best interests decisions were recorded for other decisions but the completion of the forms was inconsistent and unclear, resulting in confusing outcomes. Best interests decisions are made when people have been assessed as lacking capacity to make specific decisions. One form listed three decisions which were needed for a person who lacked capacity but only one was decision was completed. The decision was around medicines but there was no recorded consultation with a pharmacist or GP. Another assessment looked at whether a person had capacity to consent to their care and the assessment concluded that they did. However, following the capacity assessment, a best interests form

was used to look at whether a best interests decision should be made for that person regarding consent for the use of closed circuit television (CCTV) in communal areas of the home. It was unclear what decision there was to be made, as people are not required to give consent for CCTV in communal areas and so was not necessary.

Staff asked people for their consent before they supported them with personal care. One person told us, "They help me get undressed and ready for bed and up in the morning. They say 'Is it alright? Can we help you?' I say, 'Yes, thank you.'" A relative told us that staff, "do ask her, but her dementia is very advanced."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and authorised legally. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. The registered manager was aware of the procedures to follow and some people had authorisations in place.

People were supported by staff who were trained appropriately for their role. Staff completed an in-house induction form which they went through with senior staff. New staff shadowed experienced staff for a minimum of one week, or longer until they felt confident to work unsupervised. Induction training included practical sessions such as moving and handling and this was completed before they supported people with moving and handling. The registered manager had recently employed staff who were experienced in care.

The provider had an on-going training programme in place which included face-to-face sessions as well as on-line training. One staff member told us, "It is good to freshen up training, especially moving and handling." A named staff member was responsible for ensuring all staff accessed the full range of training and refresher courses. The registered manager sourced training from professionals who had a working knowledge of the topic. Part of the training included asking staff specific questions to check their understanding. More than one session was organised for each topic which meant all staff were able to attend, including night staff. Training included topics such as infection control, dementia care and mental capacity. Some staff had completed a level three qualification in health and social care. Staff were further supported in their work through regular supervisions and annual appraisals. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

People were supported to eat and drink enough and were offered choices. Comments included, "The food is wonderful. I really appreciate eating something someone else has cooked, I really do enjoy the food", "There are a couple of things to choose and you choose what you want" and "The food is very nice. There's a choice and if you don't like the choices, they'll get something else for you. One day there was a choice of sausages and faggots. I didn't like those and they did me a fried egg and potatoes and veg. I like the vegetables they do. I do like the food, I had two helpings of pudding today."

Some people required a specialist diet, for example, gluten free. We spoke with the cook who was aware of everyone's dietary needs. They told us that gluten free food was available on prescription but the registered manager also bought gluten free food from a supermarket, which meant the person could have the same choice as everyone else, for example, sausages. People's dietary needs were displayed on the kitchen wall so that all staff were aware. Coloured and named lidded plates were provided so that staff knew which meal to serve to who to ensure they received a gluten free meal, for example. One person was having a soft diet as they had started to choke on some food items. A referral had been made recently to the speech and language therapist and the staff were waiting for further advice. Some people had diabetes, which was stable, and staff were able to tell us about the symptoms if they became unwell and said they would report all symptoms to management.

The registered manager had made some changes at lunchtime. They told us that lunch was around 12-12.30, depending on what time people got up. A staff member walked around the home just before lunch with two plates of food so people could see the meal before they made a decision. Staff responded to people if they were not eating their food by offering them something different. We saw that although one person had made a choice before lunch, when they saw the meal the person next to them was eating, they told staff they had made the wrong choice. Staff accepted this and brought them a plate of the other meal, which the person then started to eat.

Lunchtime was relaxed. The television was turned off and music was turned on. Staff moved around the dining room offering people soup and telling them the flavour. Some people came to lunch after serving had started because they had been out or were at the hairdresser's and they were offered soup as everyone else had been. We heard a staff member say to the person, "Let me know if it's warm enough." We saw that people were supported to eat where necessary and observed a staff member patiently encouraging a person to eat their meal who was reluctant to do so.

People were supported to access healthcare services and on-going healthcare support when necessary. People confirmed that they saw the doctor when they were unwell. One visitor told us their relative had a health related incident and that they were "very impressed with how this was dealt with. An ambulance was called and all the medication was given that was needed." They went on to say that their relative's ankles had swollen and staff had asked the doctor to visit. The chiropodist visited the home every six weeks and more frequently for one person who needed this.

The provider and registered manager had taken action to ensure that maintenance was completed in a timely fashion. People told us there had not been problems with the lift or the boiler for some time. We spoke with the person responsible for the day-to-day maintenance in the home who told us about the systems in place for staff to report any maintenance needed in the home as well as how they followed this up and completed the tasks.

Good

Is the service caring?

Our findings

At our last comprehensive inspection, in February 2017, we identified a breach of Regulation 10 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. We observed positive interactions between people and staff; but staff did not always treat people or relatives with consideration. During this inspection, we found there was no longer a breach of regulations.

Staff developed caring relationships with people living at Lawnbrook. Comments from people included, "The staff are lovely, I think I love all of them. They are nice people, they wouldn't be in the job if they weren't", "They are very, very nice, very polite, very helpful" and "The carers are really, really kind. Just mention you might need something and it's there. They have to be dedicated to do this job." A staff member said, "The residents come first"

We observed positive relationships between people and staff. Staff called people by their given or chosen name. When ladies returned from the hairdresser, staff complimented them on how nice their hair looked. Staff were attentive and when they heard someone say they were cold, they closed the window and got them a cardigan. Another person was falling asleep on a dining chair and staff asked if they would like to move to a soft chair so they would be more comfortable. One person had been out and when they returned during the meal time, staff were visibly pleased to see them, saying they had missed them and making physical contact to which they responded well. The person appeared to benefit from the positive interaction. Two staff were supporting somebody to walk to the toilet but this was in use, so they brought a chair for the person to sit down whilst they waited.

Staff supported people to express their views and be actively involved in making decisions about their care and support. People told us how staff gave them the information they needed and comments included, "I said I'd like to see a doctor because of the deafness. They said I could see my own optician and have my ears tested, they'll come out and do the tests. I trust everything the staff do", "Only if I ask. I usually want a detailed description of what's happening so I can decide", "They say 'It's me ! Right, what are we doing today? A bath?' I say 'Yes, please.'"

People confirmed they could get up and go to bed when they wished and they could choose where they spent their time. Comments from people included, "I usually stay in my room, occasionally in the lounge. I get up and go to bed when I like", "I stay in here all the time. It's my choice" and "If I see a member of staff and they aren't doing much, I say, 'Do you fancy going shopping with me?', and they go out to the shops with me." Another person was sat in a communal area and they said, "I spend as much time here as in my room. I go to my room at 4 [pm] and then watch television. I have to watch 'EastEnders' later!"

People told us staff respected their privacy and dignity when supporting them. One person said, "They don't open the door until you're covered or you're in bed" and another said, "Oh, they knock and wait." Staff knew about and were mindful of people's preferences regarding whether male or female staff supported them with personal care. Staff were observed to be discreet when supporting people to the toilet. Dignity was a focus within the home with a named "Dignity Champion"; all staff had signed up to a dignity code and

dignity audits were completed.

Good

Is the service responsive?

Our findings

At our last comprehensive inspection, in February 2017 we found the service was not always responsive. Care plans were not reviewed regularly and did not always contain enough information to enable staff to provide personalised care that met people's individual needs. During this inspection, we found improvements had been made.

The registered manager completed an assessment process in place which started with visiting the person in their current environment. Information regarding people's health and social care needs as well as their personal preferences was gathered and used as a basis for the person's care plan. The registered manager said, "I take my time, I want the person's opinion." People and their family were encouraged to visit the home and come for a meal so they could "get a feel for the home" and staff could gather more information about their life.

Care plans provided information for staff to be aware of how people preferred to be supported, for example, with their personal care. There was also information about people's social history, detailing their family life, where they had worked and so on. Care plans had been reviewed on a monthly basis but reviews of the previous two months were brief, only stating that the care plan remained current. We brought this to the attention of the registered manager who said they would look into this further.

Staff knew people well and understood their needs. One person told us, [Staff] ask how you are, if you're not too well and can't do so much, they get help. Sometimes I can't manage so much." A relative told us, "[Relative's name] should have their feet raised and the bed has been elevated [to enable this]. All the carers have had answers to my questions."

We observed staff responding to people's needs as they arose throughout the inspection. An example was for one person who always had particular items with them as they walked around the home. Staff always ensured they treated the items with respect and knew what to do with them whilst the person ate their meal as doing the wrong thing would mean the person would become upset.

The registered manager was not aware of the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all publicly funded adult social care providers to ensure people with a disability or sensory loss can access and understand information they are given. However, we discussed how people were provided with the information they needed on a daily basis and found that in practice, the service did ensure that people had access to the information they need in a way they could understand it. One person said, "I'm stone deaf without hearing aids and they don't help much. I say 'Can you please speak a little louder? I hear if people get close enough." The person said this met their needs and that they did not need the information in a written format.

The provider employed an activities co-ordinator who had received training for the role. The co-ordinator spoke with people to get their views on what they liked to do or what hobbies they had previously enjoyed. They arranged group activities as well as spending time with people in their rooms if they did not wish to

join in. Records showed what activities people had undertaken or when the co-ordinator had spent time with people, on a one to one basis. The activities we observed during the second day of the inspection featured reminiscence, a balloon, a word game which involved finishing well-known sayings and 'sound' bingo. Where people took part in the activities, this appeared to benefit them by encouraging them to remember and to express themselves verbally.

The provider had a complaints procedure in place and it was displayed in the entrance hall. One person said, "I've never complained about anything. I'm happy here, I couldn't be happier." One relative said, "We've got no complaints. The staff are friendly and everything is okay" and another said, "I did complain. I can't remember what it was about and I haven't done it lately. I just spoke to people, I didn't write it down. I spoke to someone and they responded well." The registered manager had not received any complaints since they had been managing the service but there was a policy in place which showed how complaints would be responded to.

Requires Improvement

Is the service well-led?

Our findings

At our last comprehensive inspection, in February 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice and required the provider to make improvements by 31 May 2017. The provider sent us an action plan detailing what they would do to meet the regulations. We undertook an unannounced, focused, inspection on 18 July 2017 to check the provider had followed their plan and to confirm that they now met legal requirements.

At that inspection, we found action had been taken and there was no longer a breach of this regulation but further improvement was still required. New quality assurance audits had been introduced; however, these were not always effective and needed time to become embedded in practice. The audits had not identified all improvements that were needed to medicines management systems, care plans or fluid intake charts. People's care plans had been evaluated every month but the reviews had not identified discrepancies in one person's care plan around the way consent was recorded. The registered manager had felt this was due to a misunderstanding of consent issues and undertook to review the way consent was obtained and recorded in people's care plans.

During this inspection, we found the system of quality assurance auditing was identifying areas for improvement and action had been taken. However, we identified consent issues in all of the three care plans we looked and these had not been picked up through auditing. We also identified concerns around the lack of risk assessment regarding the balcony doors and a sensor mat and gaps in charts used to record the use of topical creams.

The registered manager and provider promoted a positive culture which put people at the centre of what they did. A staff member told us that the culture of the home had "improved, there is openness here. It's inclusive, less stressful. [The registered manager] checks everyone is all right. They have improved the place." The registered manager demonstrated the ethos of the home when they said, "I love my job, a care home is very personal, it's not a workplace, we work in the residents' home."

People spoke highly of the registered manager. People told us, "She's very nice, very helpful", "She came by when I was putting on my shoes and she just came and tied my laces. It says a lot about the service you get when the manager is prepared to help you with your shoes" and "The [registered manager] is lovely, if you want something, it's done. There doesn't seem to be a difference between the management and other staff." A relative told us, "She seems very good. There's been four or five managers since [my relative] came here. She seems very loving and caring."

Staff also spoke positively about the provider and the registered manager. One staff member told us, "The home is so much better, overall. People are more settled as they know the staff and we have few agency staff." They went on to say that, "[The registered manager] is good, I feel like I can talk to her, she's very supportive" and said of the provider, "If we need things, he gets it, if the residents need something, he gets it. He is in the home a lot; he's been in several times this week. He goes around and talks to residents and he makes a point of saying 'hello' to them."

The registered manager was promoting the home within the community. They had been in discussion with a local school and they were planning for a group of children to visit and spend time in the home. A "therapy dog" had visited the home and was taken around to see people individually (if they wished to see the dog). The registered manager said they had seen people benefit from interaction with the dog and they had become calmer. Church services were held at the home which people were welcome to attend and the room which had been known as the "chapel" was now known as the "multi-faith room."

The provider had taken positive action to make improvements to the quality of the service provided since the previous inspections. This included commissioning a consultant who worked with and supported the management and staff to make positive changes. The registered manager had been pro-active and researched outstanding care services and had contacted the registered manager of a local care home, who had agreed to support Lawnbrook. The registered manager was also supported through the use of supervision from a mentor and the provider. The registered manager knew who to talk to about specific issues and spoke highly of both.

There had been positive changes to the management team which meant the registered manager had more time for management tasks. They now have two heads of care: one for the daytime and one for nights. All senior staff had areas of responsibility, for example, being the falls champion, or being the named lead for infection control. Staff undertook audits relevant to their field of responsibility and the registered manager had oversight of these audits to ensure the quality.

People's views were sought and some attended "Residents' meetings" which were organised by the activities co-ordinator and minutes were taken. People could raise issues of concern as well as give feedback on activities, menus and so on. Staff took the opportunity to remind people about safeguarding and what they should do if they had any concerns. Family members were also welcome to attend. The registered manager noted that the home had good reviews on a care home review website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments did not cover all risks to ensure people's health and safety.