Heritage Manor Limited

The Lawns Nursing Home

Inspection report

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Ratings

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

Overall summary

The inspection took place on 1 July 2015 and was unannounced. The Lawns Nursing Home is a care home and the provider is registered to provide personal and nursing care for up to 40 people. At the time of our inspection 32 people lived at the home.

A registered manager was in post. 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.

People and their relatives told us they were happy with the care and support provided by staff. They felt staff understood their needs and they felt safe. Staff knew how to report abuse and unsafe practices. Staff were recruited based upon their suitability to work with people who

Summary of findings

lived at the home. Staff numbers were assessed and planned for so that people received the right care at the right time to meet their needs and which promoted their safety.

Staff showed a good knowledge of people's needs and how to meet these. The care and support we saw matched the information in people's plans and the training staff had received was put into practice. Staff had been supported to assist people in the right way, including people's end of life care needs. People had been helped to eat and drink enough to stay well. We found that people were provided with a choice of meals. When necessary, people were given extra help to make sure that they had enough to eat and drink. People had access to a range of healthcare professionals when they required specialist help.

Staff knew how to support people when specific decisions needed to be made to meet their needs in their best interests. We saw people were given choices about their care and support. This enabled people to be involved in the decisions about how they would like their care and support delivered.

We saw people were treated with dignity and respect. People told us that staff looked after them well and were kind. Staff understood people's needs, wishes and preferences and they had been trained to provide effective and safe care which met people's individual needs. People were treated with kindness, compassion and respect.

People and their relatives had been consulted about the care they wanted to be provided. Staff knew the people they supported and the choices they made about their care and people were supported to pursue their interests and links with the community were promoted.

There were systems in place for handling and resolving complaints. People and their relatives knew how to raise a concern. The home was run in an open and inclusive way that encouraged staff to speak out if they had any concerns.

The provider's vision and values were shared with people, visitors and staff so everyone knew what they could expect of the service. The registered manager regularly assessed and monitored the quality of the service provided for people. The provider and registered manager took account of people's views and suggestions to make sure planned improvements focused on people's experiences. This assisted in people benefiting from a management team who were continually looking at how they could provide better care for people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt safe living at the home and staff had identified the risks relating to people's care and how to keep people safe as a result. There were sufficient numbers of suitably recruited, qualified and skilled staff on duty to keep people safe and support people with their health and social care needs.

Good

Is the service effective?
The service was effective.

Staff received training and regular support from the management team in order to meet people's health and nutritional needs. People were asked for their consent and supported to make decisions when required.

Good

Is the service caring?
The service was caring.

Staff were caring and treated people with dignity and respect. People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes which included end of life care.

Good

Is the service responsive?
The service was responsive.

People received personalised care and support which was responsive to their changing needs. People were supported to take part in fun and interesting things of their choice. People were encouraged to share their views and raise any complaints they had and arrangements were in place for resolving these.

Good

Is the service well-led?
The service was well led.

People thought the standard of care was consistently good and they were involved in the running of the home and felt their opinions mattered. An open and honest belief system was promoted by the registered manager and provider by openly sharing information with people, relatives and staff about what needed to improve.

Good

The Lawns Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 July 2015 and was unannounced. The inspection team was formed of three inspectors and an expert by experience who has experience of care for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at information that we held about the service such as notifications, which are events which happened in the service that the registered provider is required to tell us about.

We asked the local authority and the clinical commissioning group, who commissioned services from the registered provider for information in order to get their view on the quality of care provided at the home. In addition to this we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with 15 people who lived at the home and four visiting relatives. We spoke with the provider, registered manager, the deputy manager and ten members of staff which included the residents service manager, activities co-ordinator and the cook.

We spent time with people in the communal areas of the home. We saw care and support people received in these areas of the home and looked at the care plans of five people and at a range of records related to the running of and the quality of the service. This included staff training information, staff duty rotas, meeting minutes and arrangements for managing complaints. We also looked at the quality assurance audits that the registered manager and the provider completed which monitored and assessed the quality of the service provided.

Good

Is the service safe?

Our findings

People spoken with shared their experiences of what helped them feel safe and how staff practices had contributed to people feeling safe whilst living at the home. One person told us, "When I need help they (staff) are there which is so reassuring as I am not able to do some things myself as safely as I used to." Another person said, "I'm very happy here and they're (staff) all very good to me." Relatives we spoke with also told us they thought their family members received the care they needed to keep them safe. A relative said, "From what we see on a day to day basis and what [my relative] says, she feels safe and she'd let us know if she didn't."

We saw people were treated well by staff and they looked comfortable in the presence of staff with lots of friendly banter between them. All people and relatives confirmed what we saw. One person told us, "I've nothing to feel unsafe about." Staff spoken with were able to tell us how they kept people safe and protected from harm and abuse. Staff told us they had received the relevant training and were aware of their responsibilities to identify and report incidents of abuse. They were aware that they could share any concerns with the local authority and the Care Quality Commission.

Staff understood how to report accidents and incidents and knew the importance of following these policies to help to reduce risks to people. We saw and heard that the management team and the provider monitored all accidents and incidents so that they could identify any trends which may indicate a change in people's needs.

Staff knew people's individual needs and where and how they needed to assist people so that risks to people's wellbeing was reduced as much as possible. For example, we saw one person was assisted by staff to move safely with the aid of specialist equipment. Staff reassured the person as they helped them. We saw staff explained what they were going to do in a calm and reassuring way and ensured that the person was comfortable whilst the equipment was being used. The staff practices we saw matched the information contained within this person's risk assessments. One person told us they felt happy and safe when equipment was used and, "Staff are very careful and kind." Another person's individual needs were assessed and it was identified they needed bed sides to keep them safe in bed but the person did not wish to have these. Staff told us and records showed staff had explored the potential risks of not using bed sides for this person. We heard alternative solutions were tried to reduce risks to this person's wellbeing and safety which included consulting this person's doctor. People had walking aids to support and assist their independence and reduce risks to their wellbeing and safety.

People told us there were enough staff to support them according to their needs. We saw that staff were able to spend time with people, chatting about their day and life in general. When people needed staff to assist them we saw staff did this in a timely way. For example, one person needed some reassurance and this was provided by staff without any delays so that the person received the support they required at the time they needed it. Staff told us that had worked at the home for many years and they felt this helped with people receiving consistently safe care from staff they knew well. A staff member told us that any shortages in staff due to sickness and or leave would be covered by the staff team but if this was not possible agency staff who knew the home would be used.

People's individual needs were assessed and reviewed on an on-gong basis. This ensured staff with the right skills were on each shift, such as, nurses and care staff. We saw the staff rotas reflected the number of staff working was in line with the provider's staffing rationale so that people's needs could be met as assessed and planned for.

Staff records showed that staff were only employed after essential checks to ensure that they were fit to carry out their roles effectively and safely were made. We found new staff had a Disclosure and Barring Service (DBS), references and records of employment history. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment practices.

People spoken with told us they were supported by staff to take their medicines. People and their relatives told us they had no concerns about the availability of their medicines and how they received these. One person told us, "The nurses give me my tablets regularly." We saw that staff who administered medicines were trained to do so and checked each person had taken their medicines prior to signing the records. Medicines were checked regularly to identify and rectify errors and make sure they were stored and disposed of safely. Staff told us they checked people's medicine had been given previously and the medicine records were

Good

Is the service safe?

signed to confirm this. Staff showed they understood when people needed medicines at certain times to meet and manage their health needs. There was guidance about when these medicines should be administered and staff understood the circumstances about when to give these medicines.

Good

Is the service effective?

Our findings

People and their relatives did not have any concerns with the ability and skills of staff to meet their needs. One person told us, “They (staff) know what they are doing.” A relative talked to us about how their family member had come to live at the home from hospital and had a difficult to treat wound. They said, “Brilliant care, we never thought that we would see it had healed (wound), [my relative] is very happy here.”

Staff told us they had received an induction when they started work at the home and had received a range of training to enable them to do their jobs effectively. A staff member told us they had worked alongside other staff and completed a structured induction programme together with training on how to carry out their role. One the day of our inspection we saw a new staff member had started the new national Care Certificate which supported staff in gaining the necessary skills and knowledge to be able to care for people who lived at the home.

The management team had a training planner which was used to identify the training staff required which included refresher training courses to keep staff’s skills updated to enable them to provide effective care to people. The service manager told us they were always looking for new training to keep staff focused and broaden their knowledge. They were currently considering tracheotomy training for staff to enhance staff’s skills and abilities in this specific aspect of care. There were also opportunities for staff to learn on an on-going basis from each other and students who came to work at the home. We saw a student had done some work around the beneficial impact music can have on people’s lives so that staff could use the outcomes from their work within their caring roles.

We asked staff about the support they received to do their jobs. Staff told us they received regular one to one meetings where they could discuss their practice and identify any training needs. A staff member told us, “We have lots of training and the manager is supportive.”

People told us staff always asked their permission and gave them time to consent before providing care and support. Staff showed a good understanding of the Mental Capacity Act and they had received the relevant training. Staff we spoke with understood the need to gain people’s consent before they assisted and supported people and we saw they asked and waited for people to agree. A staff member told us, “I always offer choice, and the information people need to make a choice." We saw that this happened throughout the day of our inspection. Staff made sure people had the information about the decisions they could make, such as, around whether they used aids or equipment and going to a social event.

Staff told us that people's capacity to make their own decisions was assessed and we saw this was the case. For example, a person needed a specific short term medicine which staff would need to help this person with. We saw this person had been made aware of the medicine and discussions as to the reasons they needed the medicine and records showed they agreed to the treatment. Staff told us that when people did not have the capacity to make some specific decisions these were made in people’s best interests with people who knew the person really well, such as, how people would like to receive their care.

The Deprivation of Liberty Safeguards (DoLS) is legislation that protects people who are not able to consent to their care and treatment, and have restrictions. DoLS makes sure people are not unlawfully restricted of their freedom or liberty and where people have restrictions in place these are assessed by appropriately trained professionals. The deputy manager had a good understanding of their responsibilities within the DoLS. Although no one who lived at the home had an authorised restriction in place at the time of our inspection, applications had been previously made when they were required.

People we spoke with told us that they liked the food and drinks offered. One person told us, “I like the food, it tastes good.” A relative said their family member would not eat or drink when they came to live at the home but, “You can’t stop [my relative] now. [My relative] had two puddings today.” Menus that we looked at showed that people were offered a varied diet. We saw staff offered people drinks regularly throughout the day and encouraged them to drink. Staff we spoke with knew the importance of encouraging people to have a healthy diet and drink sufficiently to prevent illness. Staff including the cook gave us a good account of people’s individual dietary needs and what people could and could not eat due to health conditions, risks, their likes and dislikes.

Where people had been assessed as being at risk from not eating or choking, referrals had been made to health professionals for advice. We saw that staff were available to

Good

Is the service effective?

give assistance to people and spoke with them to encourage them to eat and drink. Staff also told us how they had guidelines to follow about how to protect people during the hot weather. These included making sure drinks were readily available to people and fans to keep people as cool and comfortable as possible. We saw people had drinks within reach, tables in the garden were moved into the shade so that people could eat and drink in comfort, and some people had fans in operation as it was a hot on the day of our inspection.

People and their relatives told us they could see the doctor when they wished to about their health needs. One person told us, "There is no problem; they (staff) get the doctor if I need one. The doctor visits here every week." People's health needs were recorded in their care plans and these confirmed people had been seen when required by health professionals such as their local doctor, chiropodists and opticians. A relative said, "Staff keep let me know when [my relative] needs to see the doctor for any reason." Staff told us they had information daily from handovers at the start of each shift where they were given information and updates about people's changing health needs, which included doctor and other health professional visits. For example, when staff had noted that one person had an infection and a referral to their local doctor had been made.

Is the service caring?

Our findings

We saw positive interactions between the staff and the people who lived at the home. We saw people were relaxed with staff and confident to approach them for support. People told us that staff were kind and caring. One person said, "I like them (staff) all, they are very kind to me."

Relatives spoken with were also complimentary about the staff. One relative told us the staff were, "Very sweet, very lovely." Another relative said that they were concerned their family member would become anxious as they had to postpone their usual visit to see them. However, staff explained to the person their relative was unable to visit and gave them extra attention on the day. Staff also sent the relative a message to reassure them that all was well with their family member.

We saw staff knew people who lived at the home well and showed they cared about people. For example, a person needed a specialised piece of equipment to support them in moving around the home so that they would be more independent and reduce the risk of being isolated in their room. The deputy manager and staff all worked together in a determined way to make sure health care professionals assessed this person's needs for the equipment they needed. The deputy manager also shared with us that staff made sure people who were receiving end of life care were comfortable and they had both important practical aids and nice things around them. For example, relatives were supported to stay with their family members.

People told us they felt involved in their own care and support. One person said that staff always listened to wanted they needed and discussed the support they would like from staff. Another person told us, "They (staff) talk me through my options when I need them to and I tell them (staff) what I want." We saw and heard from staff that a person did not always want to use their aid which helped them to walk but at times preferred to use another method when walking around the home. This person was able to make their own choices and although staff were mindful of the risks this posed to this person they respected their choices. We saw that people and their relatives had been involved in discussing and agreeing their future care. Decisions had been made about how people wanted to be cared for and arrangements for their care after death.

We saw staff had developed positive caring and respectful relationships had been formed with people who lived at the home. They knew and used people's preferred names. We saw where people made their choices known to staff these were listened to and people were given time to respond. Staff we spoke with told us they enjoyed supporting the people living there and were able to share a lot of information about people's needs, preferences and personal circumstances. A relative told us staff knew their relation and that they liked to go to bed in the afternoons and this was respected. Another person liked their own company. Staff respected this but also provided this person with information about what planned social events were taking place in the home in case they wanted to join in these.

We saw staff knocked on people's doors before they entered. We noticed staff understood the importance of small details, such as helping a person with the style of their hair. We also saw people were provided with suitable equipment in order to maintain their dignity. For example, walking aids, crockery and cutlery which enabled people to be as independent as possible.

Good

Is the service responsive?

Our findings

People and relatives were positive the support they received from staff who provided their care in the way they preferred it. One person told us, "I get the care I need and they (staff) are so good to me." A relative said, "Care is very good, all staff are really kind and attentive." People had contributed to the information recorded about them because there was detailed information about their life history such as their family, work, and social interests. We saw staff used this well when chatting with people which encouraged them to participate in conversation. For example, staff showed a person a flower and asked them what their favourite flower was. We saw this then led a conversation about gardening. We saw another person was supported to grow flowers and vegetables as this was something they did when they worked. Staff told us they were planning a cheese and wine party with the person's involvement when the tomatoes which this person had grown were ripened.

People told us they were involved in identifying their choices and preferences. One person told us, "I always start the day with a cup of tea. I get myself washed and dressed". Another person said they needed the support of staff to have a wash and get dressed but "I choose my clothes." A relative told us, "[My relative] chooses her clothes, [my relative] likes to wear nightclothes all the time so that's what [my relative] does." Another relative said, "[My relative] gets up when they want to and they go back to bed after lunch, they're ready then." We saw staff were responsive to people's wishes at different times of the day and with how they liked their care provided. For example, at mealtimes people were able to choose what meals they preferred, how much support they would like and where they ate their meals.

Staff we spoke knew the people who lived at the home well and had learned their likes, dislikes and preferences. They were able to tell us what people were able to do for themselves and what they needed assistance with. We saw many examples where staff responded to people's changing needs. For example, a person became anxious and staff spent time with this person talking with them in a reassuring way. The person's facial expressions changed and they looked more relaxed and smiled at the staff member as recognition that they felt better. Staff told us that they read people's care plans and the information from handovers at the start of each shift supported them to respond to people's changing needs. had handovers at each shift so that they were able to respond to people's changing needs. Records showed that when people became unwell and their needs changed staff consulted external professionals so that people's needs could be reviewed. In some cases this resulted in people receiving medical treatment to help them and or aids to try to improve people's quality of life.

Relatives we spoke with told us they were kept informed by the staff of any changes in their family members needs and or if they became unwell. A relative told us they were involved in the care and support her family member needed and, "Staff were very responsive when issues were raised."

People told us there was a wide range of things for them to do for their enjoyment and to meet their particular interests. We saw these were displayed in the home and published in the monthly newsletter so people knew what events were coming up. One person told us, "Animals are coming today and we can hold them, there is always something going on." Two people said they were fond of a staff member's dog who came into home with one person saying, "He's (the dog) lovely." We saw some people enjoyed reading certain newspapers, magazines, looking at photographs and following certain programmes they liked on the television, such as the tennis.

The provider employed staff responsible for planning and delivering social events as well as individual things of interest for people to do. The provider showed they held a strong value in providing people with opportunities for fun and interesting things to do. This is because they were recruiting for another new staff member to help to complement the planning and delivery of social events. We saw community based activities had enabled people to go out to the local pub, visit places of interest and day centres. There were opportunities of members of the community to come into the home for events, such as strawberry cream teas. In addition to this staff told us people had take away meals. One person who liked certain take away meals was supported to eat these in a way that met their dietary needs so they were not disadvantaged from enjoying these meals. Staff told us there had been a recent asparagus night so that people who wished to could enjoy this local speciality if they wished to.

Good

Is the service responsive?

People and their relatives had opportunities to give their views and opinions about life at the home which included the care and support they received through regular meetings. At these meetings people were encouraged to raise any issues and or complaints that they had. We were told by people and staff that they regularly saw the registered manager around the home and had the opportunity to speak with them.

We asked people and their relatives how they would complain about the care if they needed to. One person told us, “I would talk to my family but I’ve never had any concerns.” Another person said, “I’ve got no complaints whatsoever, I should say, I’m not backwards in coming forward and speaking my mind.” A relative told us, “We can always chat to the manager.” Two relatives told us when they had had some minor concerns in the past they had met with the manager who resolved the concerns. Staff spoken with told us they would support people to raise any issues or complaints they had so that these could be resolved for the benefit of the person. We saw there was a process for investigating and responding to people’s concerns and complaints. This was made available to people in formats to suit their needs and was displayed in the home.

Good

Is the service well-led?

Our findings

People who lived at the home and their relatives spoke positively about the good standards of care they received and thought the home was managed well by the management team and staff. People and their relatives knew who the registered manager was and told us they were available to people when they visited. If for any reason they were not there they could speak with other staff. One person who lived at the home told us, "I know who the manager is. They say hello and check I am okay. They're (staff) all pleasant here." Another person said, "Everybody's nice and I can do what I want." A relative told us, "Staff are super."

People and their relatives had opportunities to share their views and suggestions about the services they received. We saw that there were regular meetings for both which had enabled people to share their views on the services provided. Satisfaction questionnaires were also another method used to enable people to have the opportunity of writing down their views. Feedback from these meetings and questionnaires had been positive. We saw there was an inclusive attitude in the way people were consulted and involved in aspects of the home. The actions the management team had taken in response to the feedback from people and their relatives was prominently displayed. There was also a newsletter which kept people up to date with new events and improvements within the home. People's feedback about the way the service is led describes it as consistently good with one person commenting, "Dedicated and caring staff who will always go the extra mile." We found that the provider had invested money into the home to improve the environment and facilities for people who lived there. They were continuing to do this as some suggestions had been made that people would like a conservatory and the deputy manger told us there were plans to extend the home.

There was a leadership structure that staff understood. There was a registered manager in post and a deputy manager. In addition to this there was a residents service manager whose role included training of staff and working alongside staff in promoting consistent good practices. On the day of our inspection the registered manager was on leave but the deputy manager and staff told us they could approach the registered manager with any difficulties. There were good systems amongst the staff team for sharing information and assigning caring duties. We saw staff had handover information between each shift to discuss people's needs and make sure staff understood their care duties for the day. Staff were aware of their responsibilities and we saw they worked as a team. For example, a kitchen staff member noticed a person was in pain and without delay reported this to the nurse who came promptly to speak with this person. We saw and heard from people that staff were very caring and knowledgeable about their needs.

Staff told us they felt supported in their caring roles by the management team and each other. They told us there were opportunities for staff to discuss their practices and refresh their skills in staff meetings and at one to one meetings. Staff told us these helped them to talk about their roles and responsibilities and develop their care practices. We received positive comments from staff about their caring work at the home, one staff member said, "Good place to work, staff are well supported, residents treated well and have good quality food."

We saw the provider and management team utilised national initiatives to effectively support people and promote staff knowledge and practice with their specific needs. For example, they had achieved the gold standards framework accreditation in end of life care with many standards noted as excellent. The management team and staff told us they had formed strong working relationships with the local hospice which gave staff the opportunity of enhancing their knowledge around end of life care.

The deputy manager told us, "It is a really good home. We have got patients best interests at heart." The provider also told us about the values they thought were important to make sure people received consistently individualised care and support from staff. They had incorporated these into the statement of purpose for the home. People received this information when they were interested in and or came to live there to inform people what it would be like to live at the home. We saw staff put some of these values into action through their practices. Staff ensured people were treated as individuals by linking in with people's past working lives and interests so that people were able to continue to enjoy what mattered to them. For example, a staff member told us the provider had funded the spa room to be fitted out and purchased a small hand held computer

Good

Is the service well-led?

for people to use. One person was able to use this to have a virtual visit to the home of one of their favourite pop and film stars. Another person toured the factory where they worked including their old office.

The registered manager understood their responsibilities of the conditions of registration with the Care Quality Commission. They kept us informed of important events that happened at the home together with any actions they had needed to take. In addition to this staff we spoke with knew about the provider's whistleblowing policy and how this could be used to share any concerns confidentially about people's care and treatment in the home.

We looked at the governance systems within the home because we wanted to see how regular checks and audits led to improvements. We saw evidence that regular checks were completed of care plans, infection prevention procedures and other areas of service provision. We saw that where the need for improvement had been highlighted that action had been taken to inform staff practices and improve systems. For example, following the outcome of a monitoring visit the provider purchased more equipment as was recommended. This demonstrated the service had an approach towards a belief system of continuous improvement in the quality of care provided.