

Tricuro Ltd

# The Lawns

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

The Lawns is a residential care home registered to provide personal care to up to 41 people. The home specialises in the care of older people including people living with dementia. At the time of the inspection there were 30 people living at the home.

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

People were safe at the home and looked comfortable and relaxed with the staff who supported them. Improvements had been made to how risks were identified and managed which helped to minimise risks to people.

People received their medicines safely from senior staff who had received specific training to carry out the task.

Staff had received training and were following good practice guidelines in infection prevention and control, to minimise risks to people. The home was keeping up to date with government guidance to make sure people were able to keep in touch with friends and family.

There was a stable staff team who knew people well and how they liked to be supported. Staff were happy in their roles which helped to create a warm and relaxed atmosphere for people to live in.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were able to make choices in their day to day lives. We raised some issues with how people chose meals.

People lived in a home where the registered manager was open and approachable. People and staff said they would feel comfortable to raise any issues or concerns with them.

People could be confident that the home was being managed in a way that was committed to making on-going improvements. Improvements had been made in how quality was monitored and areas for improvement were identified and actioned.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection The last rating for this service was requires improvement. (Report published 29 October 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to

improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 10 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements and recommendations.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lawns on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-Led findings below.

Good ●

# The Lawns

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at all the information we had received about and from the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-

We spoke with seven people who lived at the home and five members of staff. The registered manager was available throughout the inspection. Some people were living with dementia and were unable to fully share their views with us. We observed care and support in communal areas and used the Short Observational Framework for Inspection (SOFI.) SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records which included, four people's care and support plans, two staff recruitment records, minutes of meetings and a sample of medication administration records.

After the inspection

The registered manager sent some documentation electronically and we also met with them virtually to give feedback.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection we found that risk assessments and management plans were not always in place to reduce risks to people and provide clear guidance for staff to follow. This was a breach of regulation 12. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

- People received the support they needed because care plans gave information about risks to people and how staff should support them. For example, one person had a care plan which had been written in partnership with a community mental health nurse. This gave clear instructions for staff to follow when the person became distressed. People's views on their care plans and risk assessments were not evidenced in care plans, but the registered manager gave assurances that people were consulted.
- People received safe support with eating and drinking because staff had clear guidelines about how to help people. One person had a care plan which set out the consistency of food and equipment the person required to meet their needs. At lunch time we saw this person had the food and support identified in the care plan.
- Risk assessments and checks were carried out to make sure the environment and equipment was safe for people and staff to use. This included, regular testing of fire detecting and lifting equipment.

### Staffing and recruitment

At the last inspection we recommended that the provider review the staffing tool in use to ensure it took account of environmental factors. The registered manager assured us this had been completed and no issues were found at this inspection.

- People were supported by adequate numbers of staff to meet their needs. We saw people received support when they required or requested it. Staff said they had enough staff and always felt supported.
- People were cared for by staff who were safely recruited. Staff told us they had not been able to start work until appropriate checks, such as references and criminal records checks, had been carried out. Staff files we saw confirmed this.

### Systems and processes to safeguard people from the risk of abuse

- People looked comfortable and relaxed with staff. One person said, "I feel safe. There is nothing bad here." Another person told us, "Staff make you feel safe."
- Risks of abuse to people were minimised because staff had received training and knew how to recognise and report signs of abuse.
- Staff said they were confident that any concerns reported would be fully investigated to make sure people were safe. One member of staff said, "Totally confident. I have reported in the past. Saw something, reported it and it was dealt with."
- The provider was transparent and open to make sure any allegations were fully investigated, and people were protected. The registered manager worked with relevant authorities to investigate any concerns or allegations.

#### Using medicines safely

- People received their medicines safely from senior staff who had received specific training to carry out the task. All staff had their competency assessed on an annual basis to make sure their practice remained safe.
- Clear records were kept of medicines administered or refused. However, records relating to the application of prescribed creams were not well completed. This meant the effectiveness of the creams could not be robustly monitored. We raised this with the registered manager who gave assurances this would be addressed.
- Risk assessments were carried out if people wished to administer their own medicines. These assessments were regularly reviewed to make sure it continued to be safe for the person to do this.
- Where medicine administration or recording errors occurred the provider was open and honest about these. Errors were used as a way to learn and improve the service. We saw copies of reflective practices, carried out following errors, which showed what learning had occurred and what improvements would be made to prevent re-occurrence.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The registered manager used all incidents, accidents and errors as a chance to learn and improve. For example, following medicine errors, staff undertook reflective practice sessions to look at how improvements could be made to prevent re-occurrence.
- The registered manager analysed all accidents to identify patterns to see how improvements could be made. This included seeking advice and support from other professionals.



# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection we recommended that the provider review how people's social, emotional and wellbeing needs were being met. At this inspection we found improvements had been made. However, we acknowledge that the effects of the pandemic have had an impact on some social activities and entertainment for people.

- People received social stimulation that took account of their interests and abilities. Since the last inspection the home had employed two new activity staff who were very person centred in their approach. The staff had taken time to find out what people enjoyed and had recorded this information, so all staff were aware.
- People were able to continue with their interests. One person told us about their love of gardening and said they were supported to continue their hobby at The Lawns. Another person said, "I like to make things. I made a poster for my room."
- People received social stimulation to avoid isolation. People chatted to each other and to staff. Staff were kind in their interactions. We saw some people enjoyed good humoured banter with staff. One person told us, "There's a good crowd here."

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

- People received personalised care which met their needs and wishes. Staff knew people well and care plans gave information about people's likes and dislikes.
- People could make choices about their day to day lives. One person said, "You can more or less do what you want." Another person commented, "I get up when I want and go to bed when I want."
- We observed the lunch time experience for people. Although there was a choice of two main meals on the menu, people were not offered a choice at the time of the meal. Meals were served plated to people meaning they were not able to make choices about vegetables they wanted or portion sizes. Staff told us people were asked during the morning what they wanted for lunch. Many of the people we met were living with dementia and were unable to remember being offered a choice earlier in the day.

End of life care and support

- People could be confident that at the end of their lives they would receive kind and professional care. People received end of life care in accordance with their wishes. Care plans gave details of people's wishes for the care they would like to have when they reached the end of their lives. Information included details about where people wished to be cared for and whether they would want to be admitted to hospital if they were very unwell.
- The home was accredited to the Gold Standards Framework. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. The Lawns was a 'Platinum home' which means they had been re-accredited after a three-year period which demonstrated sustainability of standards and high-quality care for people.

#### Meeting people's communication needs

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

- Care plans gave information about people's communication needs. Information in care plans included any aids people needed to enhance communication and how staff should support each person.
- The registered manager had begun to make the environment more accessible to people living with dementia. This included picture signage and points of reference to support people who may not be able to recognise words. This work was on-going to aid communication and promote people's independence.

#### Improving care quality in response to complaints or concerns

- The home had a complaints procedure. The registered manager told us everyone received a copy of the procedure when they moved to the home. The registered manager told us they received very few complaints, but all were investigated and responded to.
- People said they would be comfortable to raise any worries with a member of staff. One person told us, "I'd talk to staff if I needed to." Another person said, "I'm straight talking if I wasn't happy I'd tell them. They'd listen to me."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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

At the last inspection we found that the provider did not have sufficient oversight of the service to identify all areas for improvement and use the information to drive improvement. This was a breach of regulation 17. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

- The provider had effective quality assurance systems that identified risks and areas for development. Audits were used to identify shortfalls and plan improvement for people who lived at the home.
- People lived in a home where the registered manager used audits, feedback, accidents and incidents to improve the service. For example, all accidents were analysed monthly to look at patterns and identify where improvements to people's care could be made.
- People could be confident that the registered manager and provider were committed to continually improving the care people received. There was an action plan in place which showed how and when improvements would be made. The up to date action plan demonstrated this was a working document and showed progress was being made to achieve the required outcomes for people.
- People lived in an environment which was well maintained and safe. There were regular health and safety audits and checks which helped to minimise risks to people.
- The registered manager was supported by the provider to monitor quality. A representative from the provider visited the home regularly to carry out quality monitoring and ensure people and staff could raise issues if needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People lived in a home where the registered manager was open and approachable. When things went wrong at the home, they were open and honest. They worked with other professionals and family members to make sure people got good quality care and support.
- The registered manager led by example to make sure people received person centred care. They demonstrated a good knowledge of each person's needs and likes. One member of staff said, "She's

[registered manager] is a good role model." Another staff member said, "The management is good, everything is about people and their care."

- Staff were happy in their roles which led to a happy and relaxed environment for people to live in. Staff told us they felt well supported and appreciated. One member of staff said, "Throughout the last year we have been well supported. Always had loads of PPE and made to feel appreciated with little things like sweets."

- People were supported by staff who knew them well and were able to provide personalised care. There was good staff retention which led to a stable staff team and provided consistency for people.

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

- Staff worked with other professionals to make sure people's needs were met. We saw that where people had specific needs, care plans had been developed in partnership with professionals such as community nurses and speech and language therapists.

- There were regular staff meetings to enable them to share ideas and raise concerns. Staff told us they felt able to raise issues and they were listened to.

- The registered manager and staff had followed government guidance throughout the pandemic to help people to stay in touch with friends and family. There were a variety of safe visiting options and staff supported people with video and telephone calls.

- The provider carried out satisfaction surveys to enable people and relatives to give feedback on the service provided.