

Lawton Manor Care Home Limited

Lawton Manor Care Home

Inspection report

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12 November 2018

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Ratings

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

Summary of findings

Overall summary

This inspection was unannounced and took place on the 8 and 12 November 2018.

Lawton Manor Care Home is a 'care home' operated by the Four Season Group. 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 care home provides accommodation, personal and nursing care for up to 63 older people in one adapted building. Most of the rooms have en-suite facilities. Communal bathing and toilet facilities are also located throughout the care home. At the time of our inspection, the care home was accommodating 54 people.

At the last inspection in May 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of the inspection there was a registered manager 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.

The registered manager was present during the two days of our inspection and was supported by their regional manager and deputy manager. The management team were helpful and transparent throughout the inspection process and demonstrated a commitment to the ongoing development of the service.

Lawton Manor Care Home presented as a warm and comfortable environment in which to live. We observed that management and staff communicated and engaged with people in a caring and supportive manner and that people were encouraged to follow their preferred routines and lifestyle.

People's needs had been assessed and care plans had been produced to help staff understand people's needs and their support requirements. Risk assessments and other supporting documentation was also available for reference. Since our last inspection, an extensive review of care plan records had been undertaken to drive continuous improvement. Ongoing work was in progress to archive and update records at the time of our inspection.

Overall, people spoken with during the inspection told us that they were cared for appropriately by staff and confirmed they were treated with dignity and respect. We observed positive interactions between staff and people living in the care home and noted that staff were attentive and responsive to people's needs.

People were supported to attend healthcare appointments and staffed worked in partnership with GPs and other healthcare professionals as necessary to maintain people's health or support them at the end of life. People were also protected against the risk associated with unsafe medicines management.

A programme of individual and group activities was in place which included both on and off-site activities. People were seen to participate in a range of activities during the inspection and records of participation were maintained.

Staff had access to induction, mandatory and service specific training to help them understand their roles and responsibilities. Systems were in place to monitor the completion of training and to address the outstanding learning needs of staff.

Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

There were sufficient numbers of staff in post to meet the needs of people using the service. The registered provider had a staffing tool in place to help them determine the number of staff required to meet the dependency and needs of people using the service.

Systems had been established to ensure that staff working in the care home had been correctly recruited and to safeguard people from abuse or harm. A complaints policy and process was also in place to ensure concerns and complaints were listened to and acted upon.

The provider had a quality assurance framework in place that included seeking the views of people who used the service and their representatives. Action plans were in place which confirmed any feedback received was used to ensure the ongoing development of the service.

Kitchen staff were aware of people's dietary needs, which helped ensure that people were provided with appropriate options. Overall, people spoke highly regarding the standard of catering however some mixed feedback was received. We shared this feedback with the management team and have received confirmation that the views of people regarding the preparation of menus is regularly sought. Alternative options are also available upon request.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Lawton Manor Care 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.

The inspection was unannounced and the site visit activity started on 08 November 2018 and ended on the 12 November 2018.

The inspection was undertaken by one adult social care inspector and one 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. In this case of older people requiring residential or nursing care.

Prior to our inspection, we requested the registered provider to complete a 'Provider Information Return' (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information which the Care Quality Commission already held on Lawton Manor Care Home such as intelligence, statutory notifications and any information received from third parties. We also contacted the local authority to provide us with any information they held about the care home. We took any information provided to us into account.

During the inspection we used a number of different methods to help us understand the experiences of people living in the care home and to gather information.

We spoke with the regional manager; registered manager; deputy manager; a registered nurse; a senior health care assistant; two care assistants; the cook, two kitchen assistants and a person responsible for maintenance.

We also spoke with 11 people who lived in the care home and ten relatives.

We 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 looked at a range of records including four care records belonging to people who lived in the care home. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and well-being.

Examples of other records viewed included three staff files; complaint and safeguarding records; rotas and dependency tools; staff training information; minutes of meetings; menus; medication; maintenance checks and audit documentation.

Is the service safe?

Our findings

We asked people who used the service or their representatives if they felt the service provided at Lawton Manor Care Home was safe. People spoken with confirmed they felt safe within the service. Their comments included: "I feel too safe. There are times when I want to do more things myself"; "I get the correct medication on time which reassures me" and "I feel safe because I am not mistreated by staff or residents."

People benefitted from a safe and supervised environment and systems had been established to promote and safeguard people's wellbeing. For example, care alert forms had been placed in the front of people's care files to ensure staff were aware of key information relating to the support needs of people living in the care home. Care plans and risk assessments had also been developed that were specifically tailored towards people's individual needs and potential risks within their home environment.

Fire and legionella risk assessments, personal emergency evacuation plans and a business continuity plan were in place to ensure an appropriate response in the event of a fire or major incident. Any accidents and incidents within the service had also been recorded on a central database. This enabled the registered provider to analyse information and identify any trends, patterns and learn from incidents to safeguard people's health and wellbeing.

Environmental risks were managed effectively. For example, appropriate fire procedures were in place and fire drills had been undertaken periodically. A series of internal and external checks were also undertaken throughout the year to check that equipment and services within the care home were safe and operating effectively. Records checked during our inspection were found to be in order.

A safeguarding and a whistleblowing procedure was in place for staff to refer to. Staff spoken with told us that they had completed safeguarding training and were able to explain the different types of abuse to look out for and how to report any concerns. Systems were in place to ensure that any incidents or allegations of abuse were referred to the local authority's safeguarding team and notified to the CQC in accordance with local policies and procedures. This helped to ensure people were protected from the risk of abuse.

Medication was found to be stored safely. Policies and procedures had been developed to provide guidance to staff on how to manage medication correctly. PRN protocols (for as and when needed medication) had also been developed for staff to reference in addition to other guidance.

Staff designated with responsibility for the management and administration of medication had completed medication training, undergone an assessment of competency and demonstrated that they understood how to give people their medication in a safe and appropriate manner.

Systems were in place to ensure the administration of medication was recorded and medication audits were routinely undertaken which focussed on key areas such as the ordering, storage, recording and administration of medication. This helped to safeguard the health and safety of people.

The registered provider's recruitment procedures and processes were safe and robust. Application forms and references had been obtained from prospective staff together with confirmation of identification and health questionnaires. A disclosure and barring service (DBS) check had also been undertaken. DBS checks help employers to determine whether staff are suitable to work with vulnerable adults in health and social care environments. In appropriate instances, there was also evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration.

The provider had developed an internal staffing tool known as 'care home equation for safe staffing' (CHESS) to calculate staffing based upon the dependency levels of people using the service. At the time of our inspection there were sufficient numbers of staff deployed to meet people's needs.

Infection prevention and control measures were in place to protect people from the risk of infection. Infection control audits were routinely undertaken and personal protective equipment was provided to staff to ensure safe working practices. Areas viewed during the inspection were clean and odour free.

Is the service effective?

Our findings

We asked people who used the service or their representatives if they felt the service provided at Lawton Manor Care Home was effective. Overall, people spoken with confirmed the service was effective. However, we received mixed feedback regarding the meals and shared this feedback with the management team.

For example, one person told us "The food is good, especially the custard. It is like your own." Conversely, another person reported "Food mushy and grossly overcooked."

We shared this feedback with the management team and have received confirmation that the views of people regarding the preparation of menus is regularly sought and acted upon. Alternative options are also available upon request.

During our inspection we saw that people were supported to have a choice of healthy meal options that met their dietary needs. Kitchen staff were aware of those people with special dietary requirements and information had been recorded to ensure people's likes and dislikes, known allergies, portion sizes, consistency and use of special equipment etc was identified and catered for.

The last food hygiene rating for the service was in October 2018 following which the service was rated 4 out of 5. This meant that hygiene standards in the care home were good.

Lawton Manor Care Home is a two storey Georgian detached house, which has been converted and extended into a 63-bedded care home. The environment of Lawton Manor Care Home had been decorated to a high standard and was generally well maintained. People's rooms had been personalised with memorabilia and personal possessions and were homely and comfortable. People were also seen to have access to personal aids to help them mobilise independently and to ensure their comfort.

We observed that some internal and external parts of the care home needed maintenance and redecoration. We saw evidence of ongoing investment into the care home and noted that the registered provider was in the process of scheduling rendering and redecoration work.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

or authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We saw that the service continued to operate in accordance with the principles of the MCA. Mental capacity assessments had been carried out where necessary and appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety.

The registered provider had established a programme of training and development for staff which covered induction, mandatory, organisational and service specific training. The majority of training in the care home was delivered via face to face training.

Training statistical records highlighted that 92.17% of the staff team had completed statutory training courses. However organisational (known as pacesetter training) and other service specific training courses had lower completion rates. We saw that each course had been assigned a RAG (red, amber and green) rating and progress was being closely monitored by the management team as part of the home's action plan to improve completion rates. Progress will therefore be reviewed at our next inspection.

Daily briefings and periodic team meetings and supervisions had been coordinated for staff to attend. We noted that a programme had been established to ensure annual appraisals were completed and to hold regular team forums to improve staff engagement.

Systems were in place to ensure the needs of people were assessed, planned for and kept under review upon admission to the care home. Staff worked in partnership with a range of health and social care professionals to ensure the delivery of effective health care and support for people using the service.

Is the service caring?

Our findings

We asked people who used the service or their representatives if they felt the service provided at Lawton Manor Care Home was caring. Overall, people spoken with confirmed the service was caring and that people were treated with dignity and respect by kind and compassionate staff. Their comments included: "The girls [staff] are very good to me. I get on with them and we have a laugh"; "Staff treat me very well"; "They know me as a person. Nurses very good in that respect" and "Staff are very gentle with me. I never feel rushed."

We spent time with people living in Lawton Manor Care Home, their relatives and staff during our inspection. We observed the care home presented as a warm and friendly environment in which to live and people were accepted and empowered to follow their daily routines.

People were seen to be treated with respect. It was evident that positive relationships had been developed and people were observed to be comfortable and relaxed in the presence of the staff team.

Staff told us that they had received opportunities to work alongside experienced staff which had helped them to get to know the people they supported and their unique needs in addition to attending training. Staff were seen to be attentive and responsive in their approach and were sensitive and caring in their interactions with people. People's privacy and dignity was also maintained. Where people needed support with their personal care, staff ensured that bedroom and toilet doors were closed.

We asked staff specific questions relating to the care needs of the people they supported and noted that staff were aware of matters that were important and unique to people such as their preferred routines, support requirements and known risks. Staff also demonstrated an understanding of the importance of providing person centred care, promoting independence and safeguarding and upholding people's dignity, individuality and human rights.

We used the Short Observational Framework for inspection (SOFI) as a means to assess the standard of care provided to people during a mid-day meal. The dining areas provided a pleasant place for people to eat and socialise and there was pleasant music playing in the background in one dining room. We saw that tables were dressed to a high standard and that they were equipped with table cloths, table liners, napkins, dried flowers, condiments, cutlery and menus.

We noted that people were offered a choice of meals and that meals were prepared and presented in a way that looked appetising. Staff were on hand to provide support and assistance as required and people were encouraged to eat and finish their meal at their preferred pace.

However, we noted that a small group of people with more complex needs had to wait approximately 20 minutes before they were assisted and served their starter. We raised this feedback with the management team and received confirmation that an additional shift had been introduced to provide support over lunchtime. Changes to staff allocations were also made to provide a more responsive service.

Electronic and paper records were kept securely within the care home to help ensure confidentiality. Information was available in the reception area of the care home for people to view which included a statement of purpose and a detailed information brochure to provide current and prospective service users and / or their representatives with information on the services provided. The provider had also published a range of information about the service on its website. This helped to provide information for interested parties on the service provided.

The manager was aware of how to access advocacy services in the event a person required support to make decisions and did not have family and friends to assist them. An advocate is a person that helps an individual to express their wishes and views and help them stand up for their rights.

Is the service responsive?

Our findings

We asked people who used the service or their representatives if they found the service provided at Lawton Manor Care Home was responsive. People spoken with confirmed the service was generally responsive to their individual needs however mixed feedback was received regarding the time taken to respond to call bells.

We noted that the care home utilised a range of assistive technology to help keep people safe and to maintain their independence. For example, a loop system, call bells, mobile pendants and sensor mats were available for use, subject to individual needs. Since our last inspection, a new call bell system had been installed in the care home which enabled the manager to print off and monitor response times. We noted that the registered manager also routinely monitored that people had access to their call bells as part of their daily walk rounds. Records viewed confirmed response times were generally satisfactory.

The registered provider had developed a corporate care planning system that was in use within the care home. Records viewed contained key information on each person's assessed needs, expected outcomes and a description of the support required by staff. Known risks had also been identified and planned for. Supporting documentation relating to areas such as professional visits, daily reviews, dependency, capacity and consent and other miscellaneous records were also available for reference.

We found some care plan records were difficult to decipher and in one file, records relating to wound care were disorganised. Upon completion of our inspection we received confirmation and evidence from the regional manager that a full review of all care plans where a wound had been identified had been reviewed and updated. Likewise, an improved system for clinical monitoring and review had been established.

We noted that the regional management team were in the process of undertaking a comprehensive review of all care plans to ensure continuous improvement and that a schedule for all care plans to be re-written and audited was in place. This was work in progress at the time of our inspection.

The registered provider continued to employ one full-time and two part-time staff who were responsible for the planning and facilitation of individual and group activities. A programme of activities was produced that was displayed around the care home for people to view. Information on external trips and activities and events within the care home were also shared via the care home's bi-monthly newsletter.

On the first day of our inspection, the activities on offer were hairdressing appointments, singing hymns and a gentle exercises session. Additionally, on the second day of our inspection, the activities coordinator utilised an iPad application that the care home subscribed to. This provided newspaper articles, activity suggestions, quizzes, music and other initiatives to help engage and stimulate older people. Some residents were also supported to look at a display at the local memorial hall and other people participated in a music session. People told us that they were encouraged to participate in activities of interest each day and records of each person's level of engagement were recorded.

We noted that the registered provider had produced an accessible information policy and was able to produce information in alternative formats to ensure compliance with the Accessible Information Standard (AIS). The AIS requires that all publicly funded adult social care and care provided by social services must identify and meet the information and communication needs of those who use their services.

The registered provider had a 'Management of Feedback policy' for 'Complaints, Concerns and Compliments'. The policy had also been produced in an easy read format and was accessible to people using the service and their representatives to view. We reviewed the complaints that had been received by the service. A response had been given to complaints in a timely manner and appropriate action had been taken to follow up on the issue and address the concerns.

At the time of our inspection, none of the people living in the care home were receiving end of life care. We discussed the home's arrangements for end of life care planning with the registered manager and noted that a 'palliative and end of life care' policy was in place to provide guidance to staff. Records were in place to record people's wellbeing and wishes which took into consideration important factors such as particular requirements, individual wishes and cultural, spiritual and religious beliefs. The registered manager told us that the care home had established links with GP's, Macmillan specialist nurses and other healthcare professionals. This helped to ensure that people received appropriate support towards the end of their life if they expressed a wish to stay at Lawton Manor Care Home.

Is the service well-led?

Our findings

We asked people who used the service or their representatives if they felt the service provided at Lawton Manor Care Home was well led. Overall, feedback received from people using the service and their representatives was positive. For example, we received comments such as "I have been to other homes and was disappointed. But I am not disappointed with the staff and management here" and "I would recommend this place [Lawton Manor] to others and have done."

The care home continued to have a registered manager in post that had been responsible for the service since they registered with CQC in September 2017.

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 registered manager was supported throughout the two days of our inspection by their regional manager and deputy manager. The management team engaged positively in the inspection process and were helpful and transparent. They demonstrated a good understanding of the needs of the people using the service, the staff responsible for the provision of care and support for people living in the care home and the overall strategy, vision and aims and objectives of the registered provider.

The registered provider had developed a range of policies and procedures to provide guidance for management and staff working with the care home. This included a policy and procedure for governance.

Quality monitoring systems remained an integral part of the organisation to enable routine checks to be undertaken across key operational areas. We noted that the care home had received an internal inspection from the organisation's senior quality audit manager during June 2018 following which a number of areas for improvement were noted relating to records and staff training. In response to the findings, an action plan was produced which confirmed that action had been taken to address all outstanding issues. Likewise, the regional manager had updated the home action plan to drive continuous improvement across a range of areas.

The regional manager continued to undertake monthly visit reports. The registered manager also completed a suite of monthly audits throughout the year which included a 'whole home audit'. The audits focussed on five key headings of 'care'; 'support'; 'environment'; 'staffing' and 'leadership'. Comments, actions required and timescales had been recorded where necessary and kept under review to monitor progress.

Monthly quality indicator reports were produced to ensure key quantitative and qualitative data relating to care and clinical matters, quality of life, management, environmental, training, audits and other key issues were reviewed by senior management.

The quality assurance process for Lawton Manor Care Home involved seeking the views of the people using the service or their representatives throughout the year. The last survey was completed during May to June 2018. The response rate was 56.5%. We found that the results had been reviewed and scores had been compared against the provider's average to produce a RAG (red, amber and green) rating across the different areas such as 'home and environment'; 'food and dining'; 'recreation and activity' and 'care and the home team.' The overall satisfaction index score for the care home was 86.2% which reflected an increase of 2.5% from the previous year.

An action plan and a "You said" and "We did" notice had been developed following an analysis of the results. This provided evidence that people's views were being listened to and action was being taken in response to feedback.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East Council's contract monitoring and quality assurance team. The last visit by the team was undertaken in July 2018 following which an action plan was issued. A representative from the team revisited in November 2018 and found that outstanding actions had been addressed.

The registered provider had notified the CQC of significant events that occurred within the service as required by law. Likewise, ratings from the last inspection were displayed in the entrance area of the care home and the provider's website reflected the current rating of the service as required by law.