

Heritage Manor Limited

The Lawns Nursing Home

Inspection report

33, Main Road
Kempsey
Worcester
Worcestershire
WR5 3NF

Tel: 01905821388

Website: www.heritagemanor.co.uk

Date of inspection visit:

28 January 2020

29 January 2020

Date of publication:

28 May 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

About the service

The Lawns Nursing Home is a care home providing personal and nursing care to 56 people. It provides care to people requiring nursing care some of whom lived with dementia or physical disabilities. At the time of the inspection, 43 people were living at the home. The Lawns is an adapted building which has been extended including a recently opened new section.

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

The management of medicines required improvement at the time of the previous inspection. Although these improvements had taken place further shortfalls were identified requiring improvement.

Although systems and checks were in place to keep the environment safe, the testing of portable electrical equipment was not taking place in line with the provider's own procedures.

People felt safe living at the home and were cared for by staff who knew how to protect people from potential abuse. Accidents and incidents within the home involving people were investigated and action taken to reduce the risk of recurrence. Most people believed there to be enough staff to keep them safe and support their care needs. The home environment was clean, and staff were aware of how to prevent cross infection.

The registered manager had systems in place to promote improvement. They were aware of shortfalls in medicine management and had strategies, procedures and plans in place to make improvements. The registered manager provided leadership and were known to people and their relatives.

People's needs were assessed, and care needs were planned for to ensure they were met. Good practice guidance was considered when planning people's care. Staff received training and were knowledgeable about people's needs and how to meet these. People were provided with nutritious food which people enjoyed. 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. The home environment was designed or adapted to meet people's needs.

People were cared for by kind and considerate staff who showed an understanding of their wishes and care needs. People's privacy and dignity was respected.

Staff were responsive to people's individual needs. People were offered a choice on an ongoing basis. People had access to a range of activities and recreational interests. People's views were taken into account. The provider had obtained recognition for their end of life care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 01 February 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. However, further improvements were required.

Why we inspected

This was a planned inspection based on the previous rating.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring 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 Nursing Home

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.

Inspection team

The inspection was carried out by two inspectors over two days.

Service and service type

The Lawns Nursing Home 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 on the first day. We informed the registered manager when we would be returning for the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us about. We sought feedback on the service provided from the local authority. 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 spent time and spoke with nine people who lived at the home and three relatives about their experience of the care provided. We spoke with the registered manager, the deputy manager, three nurses, four care staff, an agency staff member, the activities coordinator a housekeeper and maintenance staff. We attended the daily meeting involving heads of departments within the home and spoke to these people as a group of staff.

We reviewed a range of records. This included people's care records and multiple medication records. We looked at a sample of staff files in relation to recruitment and supervision. We viewed a variety of records relating to the management of the service.

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.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found and received additional information as requested.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider's systems to manage people's medicines were not always safe. At the last inspection we identified shortfalls with the application and recording of patch medicines to manage people's pain. While we found this area had improved, we identified further shortfalls with the management of people's medicines.
- The balance of medicines remaining did not always match the records held. We found an example where staff had not evidenced a person had received their full prescription of antibiotic medicine. There were also gaps on the records where staff had not always signed to evidence people had received their prescribed medicines. Staff we spoke with were unable to account for these shortfalls.
- Handwritten medicine records were not always countersigned to show this was checked by another staff member to mitigate any transcribing errors.
- The registered manager was aware of shortfalls in medicines and was addressing these through introducing new systems for staff to identify and follow up on shortfalls in a prompt way. Systems introduced were not however always fully effective at the time of the inspection and the registered manager was making further improvements.
- One person told us nurses checked whether they wanted their painkillers. The same person added, "They [staff] won't let you suffer" by not having prescribed medicines and creams.

Assessing risk, safety monitoring and management

- Risks were not always identified to ensure people were not exposed to potential harm. Portable electrical appliances had not always received a test to ensure they were safe to use. These items included hairdryers which could have potentially placed people at risk of harm if electrically unsafe. We saw the provider's own documentation showed items used on a regular basis were to be tested annually. It was confirmed this had not been carried out. Following the inspection, we were sent evidence testing had taken place and the equipment was safe for use.
- Staff responded in line with the provider's procedures when the fire alarm sounded unexpectedly during the inspection. Emergency procedures were seen to be put into place until it could be confirmed it was a false alarm.
- A revised fire risk assessment was in place and took account of all areas of the building. The registered manager assured us recommendations within the document had been actioned.
- Regular checks of the fire system and emergency lighting took place. The registered manager was aware of the actions taken when faults were identified.
- One person told us they felt safe when staff used an item of equipment to assist with their mobility needs.

People were seen to have their mobility aids close at hand to enable people to be independent where possible.

- People who had been admitted with sore skin had received care and treatment to enable recovery and improvement in their condition and wellbeing.
- Risk assessments were in place and regularly reviewed for example following a fall to ensure people were cared for safely. People's weights were monitored to identify anyone at risk of weight loss.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home and with staff who cared for them. One person told us, "I am at peace and feel safe."
- Relatives told us they believed their family member to be safe. One relative told us they were confident on leaving the home after visiting in the knowledge their family member would be cared for.
- Staff were aware of their responsibility to report any actual or suspected abusive practice. They told us they had not witnessed any poor practice.

Staffing and recruitment

- People's opinion regarding as to whether enough staff were available was mixed. One relative commented on the lack of staff within the communal lounge throughout the day and delays in answering call bells. We looked at call bell logs and found they were answered promptly. We fed these comments back to the registered manager so they could monitor these further.
- Staff worked in the four different parts of the home to ensure they were familiar with people living in each unit of the home. The registered manager referred to the ratio of people to staff as part of their daily meeting with heads of departments.
- Staff confirmed to the registered manager they had no concerns regarding staffing numbers and their ability to meet people's individual needs. Staff told us agency staff were used to cover the rota when needed.
- The provider carried out robust staff recruitment checks to ensure staff were suitable to work with people living at the home.
- Checks were made to ensure nursing staff continued to be registered to practice as a nurse without any restrictions within the United Kingdom. This was to ensure they were regarded as safe to carry out nursing tasks.

Preventing and controlling infection

- The environment was seen to be clean and tidy including communal bathrooms and toilets
- Antibacterial gel was available for staff and visitors to use on arriving at the home. Staff confirmed they had access to personal protection equipment such as gloves and aprons when providing care or serving food. These measures were to prevent cross infection.

Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents so they could put measures in place to reduce the risk of reoccurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People care needs were assessed prior to them moving into the home. This was to develop a care plan and ensure needs could be met. One person told us the registered manager had seen them in hospital to carry out an assessment and speak with them. They told us the registered manager made them feel like a person due to the way the assessment was carried out and the involvement they had. A relative told us their family member visited the home and wanted to stay.
- The registered manager had introduced a process of Oral Health monitoring on admission in response to the CQC Smiling Matters report which highlighted the need for improvement in oral health in care homes.
- Care and support needs of people moving into the home were discussed as part of the manager's daily meeting with heads of department. These discussions included ensuring any equipment such as special mattresses to prevent sore skin were in place and any dietary needs were known.
- Management were able to check whether staff had completed allocated care tasks by means of the systems in place. Nurses showed us how they were able to follow up on any gaps in the records to ensure personal care needs had been met

Staff support: induction, training, skills and experience

- Staff received training and support to carry out their job. Staff confirmed new employees received induction training including the care certificate. In addition, newly appointed staff shadowed experienced staff and had a mentor for their first two weeks of employment in order to get to know people.
- One member of staff told us they, "Felt ready from their first day" to carry out their job.
- Observations of staff to monitor practice and recognise any training needs were undertaken although not always recorded as having taken place. Core competences were planned to be assessed including the administration of medicines for staff who held this responsibility.
- Training was scheduled to take place to ensure additional staff had the skills and knowledge to provide training in moving and handling. This was to ensure staff received the training required to be able to move people safely. One member of staff told us the moving and handling training, "Is better" compared to previous. Dates for staff to attend training were on display for staff to sign up to.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. People told us they were happy with the choice of food provided. One person told us if they did not like what was on offer for lunch then staff, "Would give me something else." Another person described the food as, "Very good" and told us staff supported them as needed such as cutting it up for them if required.
- Staff were aware of people's dietary needs. One person told us about their needs and confirmed staff only

provided items they were able to eat to keep them safe.

- Some people spoke of the delay in serving their meal and sweet. We raised this comment with the registered manager for them to discuss with staff and review the practice provided.
- Staff told us they reviewed the food available with each person as part of the resident of the day arrangements.
- People had drinks readily available to them. Staff were aware which people required assistance with drinking, so they could support them to stay hydrated.

Adapting service, design, decoration to meet people's needs

- The home environment was designed or adapted to meet people's needs. This enabled people with physical needs to navigate around the home. People were happy with their environment including their own bedroom. One person told us, "I like this room. I have a lot of my own decorations around." Another person described their bedroom as, "Excellent" while their relative described it as, "Special."
- At the time of the last inspection the provider had recently opened a new extension. This area of the home was in full use and had more people living there. Parts of the original building had undergone refurbishment and a new hairdressing facility for people to use.
- Part of the ground floor was not in use. The registered manager informed us the provider planned to refurbish this area in line with another part of the original building. Refurbished bedrooms were redecorated and had new televisions and furnishings.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- People had their healthcare needs met. One person told us, "Doctor comes around every week. Comes to see how I am."
- A relative also told us a doctor visited regularly and described the staff as, "On the ball" in relation to knowing when medical support was required. The same relative also told us staff ensured any follow up appointments were arranged.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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 when this is in their best interests and legally authorised under the MCA.

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

- Staff including nurses and care staff were aware of people with an authorised DoLS in place and conditions to the authorisation were recorded within people's care records.
- The registered manager assured us people with capacity would have access to doors codes should they request them however people usually sought staff members to release the door for them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were seen to be relaxed in the company of staff and each other. People told us they were well cared for by kind and considerate members of staff. One person described the staff as, "They are all super, kind, caring and cheerful." Another, person told us, "Very well cared for" and, "Look after my every need."
- The majority of relatives were pleased with the care and support their family member had received although one person believed staff presence in the lounge area needed improving. One relative told us, "We [the family] are very happy with it [the care provided] and added they were happy because their family member was happy."
- Staff were positive about the care and support people received. A domestic member of staff told us they believed the care provided for people to be good. They told us they would report any concerns they had to the management.
- The registered manager led by example and demonstrated a passion to provide quality care to ensure people had their needs met.

Supporting people to express their views and be involved in making decisions about their care

- Friendly banter between people, staff and others was seen while people were encouraged to be involved in decision making about how they spent time. This included people's involvement in activities and events within the home. One person told us, "We have a joke and a laugh."
- Relatives were pleased with the way staff treated and welcomed them to the home when visiting their family member.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person described staff as, "Very conscious" regarding ensuring privacy and dignity. Another person told us their bedroom door would be closed while staff provided their personal care.
- People were seen to be wearing jewellery and make up in accordance with their personal preference to maintain their wellbeing and self-worth.
- Staff were able to tell us how they maintained people's privacy and dignity.
- Records were completed electronically to ensure they were kept safe. Records were password protected with individual loggings to maintain security. No personal information was seen around the home so as to protect people's right to confidentiality.

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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People and their relatives felt involved in their care and how they were able to spend their day. One person told us staff "Look after my every need". People told us staff responded in the event of them using their call bell in a timely way.
- A relative told us staff ensured their family member received personalised care in a consistent way to reduce their family member's anxiety when they were distressed or upset.
- Staff had a knowledge of people's current care needs and were seen to respond to these needs. For example, checking people were comfortable and whether they wanted a drink.
- Care plans for people's individual needs such as wound management were up to date providing staff with the information about the persons support and care needs to ensure these were met. Oral care plans were in place and staff recorded when personal care was completed.

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.

- People's communication needs were known by staff members. Staff were seen speaking at a suitable level and positioned themselves to ensure people's needs were met.
- The registered manager was aware of the Accessible Information Standards. Information was available for people pictorially and larger print.
- Lyrics to hymns sung at Communion were displayed on a television screen for people to read if they required this service.

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

- People were able to engage in a range of interesting and fun activities and events.
- One person told us "Can take part in activities". Another person told us they were able to visit a local public house at times with staff support.
- The activities coordinator described a range of activities and events made available for people including seasonal events and celebrations such as Valentine's Day and Remembrance Day. A gardening club had just started up. People's religious beliefs were able to be met by persons visiting the home to provide this individual need.

Improving care quality in response to complaints or concerns

- People and relatives told us they had no concerns regarding the care at the home. One person told us they could raise any concerns they had with the staff but told us they had nothing to complain about.
- Complaints received by the provider were recorded and investigated to prevent any further similar occurrence. Complaints were responded to in line with the provider's own procedures.
- The provider's complaints procedure was displayed within the home for people, their family members and others to refer to if needed.

End of life care and support

- End of life care plans were in place showing where known people's wishes. The registered manager spoke of their passion for effective end of life care such as holding a person's hand if they wanted this and staff attending people's funerals.
- The registered manager spoke of the end of life care provided by staff and the reaccreditation of the Gold Standard Framework award in 2019 achieving the Platinum award. The registered manager was proud of their recent nomination as Care Home of the Year in recognition of the care and support provided.
- The registered manager told us they had a memorial tree at Christmas with the names of people who had passed away during the year. The decoration was given to a family member for them to use at home if they desired.

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

- Quality assurance systems were in place. These had identified shortfalls in the management of medicines. The registered manager told us they had revamped the medication process following our previous inspection with new records in place and audits. However, we found additional shortfalls during the inspection. The registered manager told us some processes had been newly introduced. They told us changes and improvements were still in their early days. They planned to introduce further audits and ensure investigations were carried out in a timely way once errors were identified.
- Audits were undertaken by the registered manager and others within the organisation. Action plans were in place where improvement was identified including shortfalls in the management of medicines. An infection control audit included outcomes from other audits such as mattresses.
- The registered manager was aware of their responsibility to inform the Care Quality Commission of certain events which affected people living at the home.
- The provider had displayed their Care Quality Commission rating on their website and within the home.

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

- The registered manager was open and candid during the inspection and told us they spoke with people in the event of getting things wrong. They were aware improvement was needed in the past and told us they were working towards this. They were keen to maintain and improve upon standards within the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager led a daily meeting involving nurses, catering, housekeeping maintenance and administration. At the meeting staff discussed new admissions, appointments, any accidents and incidents, wounds, catering and any other matters relevant to the care and support of people.
- The registered manager told us they chaired meetings involving registered manager's from other care homes in Worcestershire to share good practice and of a recent learning session they had attended during which a Care Quality Commission inspector spoke about recent changes.
- The provider's values were displayed within the home as a means of driving improvement. These values formed part of the interview process for the appointment of new staff members. The provider's mission statement included having warm and friendly care delivered by trained and motivated staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People knew the registered manager. A relative told us they were able to telephone the registered manager at any time for advice and any questions they had.
- The registered manager was seen talking with people and engaging in subjects important to the individual such as sporting events. One person described the registered manager as, "Very good with people."
- One member of staff described the management as, "Lovely" and added, "Feel I can approach them [management]. Owner does listen and is approachable." Another member of staff described the registered manager as, "Approachable" and added they always had time for staff members if they needed support or guidance.
- A satisfaction survey carried out in November 2019 showed positive feedback from those who responded.
- Meetings involving people had taken place. Comments regarding the intrusiveness of the call system had resulted in the provider having a pager system installed and the use of pagers by staff.

Continuous learning and improving care

- The registered manager had been in post for one year and spoke of their desire to make continual improvement. They spoke of improvements and procedures in place to improved accountability and the embedding of good practice having a new nursing team in place as well as a new clinical lead.
- The registered manager worked alongside external providers who supported organisations to improve business performance and advance continual improvement in service delivery.

Working in partnership with others

- The registered manager worked with commissioners and other professionals. This joint working had included training for manager. This training had also been used as part of a staff meeting. The registered manager had also working alongside a local hospice in relation to end of life care.