

Brighterkind Health Care Limited

The Lawns Residential Care Home

Inspection report

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Date of inspection visit:
03 May 2019

Date of publication:
20 June 2019

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service: The Lawns residential home is a care home that provides personal and nursing care for up to 40 people. Accommodation was over three floors. At the time of the inspection 38 people were living at the service.

People's experience of using this service:

Response times for people's requests for support took longer than they should. People told us this affected their daily lives.

People knew how to raise concerns, but these were not always satisfactorily resolved. We have made a recommendation about this.

Staff knew people and their needs well. People and their relatives felt cared for and were treated with kindness and compassion. People had confidence in the staff's abilities and their training supported them in delivering care.

People's needs, and wishes were assessed and planned for. Care plans were person centred taking account of how people's needs and wishes could be met. Staff provided care and support with positive outcomes for people.

People were offered a diet that met their nutritional needs. People's healthcare needs were monitored and access to appropriate professionals made when required.

People were protected from abuse and staff understood their responsibilities in relation to this. People and relatives told us it was a safe place to live. People described the management and staff as caring and supportive.

Risks to people were identified and systems in place minimised the potential of this occurring. The home had good infection control measures that minimised the risk of infection. The equipment and environment in the home was monitored well. The home was maintained to a high standard and people had access to meaningful activities.

Rating at last inspection: The service was rated as good on 08 September 2016.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor this service in line with our inspection programme for those services rated as requires improvement.

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

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

The Lawns Residential Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed 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.

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: The inspection was unannounced.

Inspection site visit activity was on 3 May 2019.

What we did

Before the inspection: We looked at information the provider had sent to us since the previous inspection, information we held about the service, including notifications that the provider had sent us and obtained information from the local authority commissioners and used all of this to plan our inspection.

During the inspection: We spoke with 12 people using the service and five family members. We spoke with the registered manager and 4 members of staff and a member of the management team from Brighterkind Health Care Limited. In addition, we spoke with a visiting health professional.

We looked at three people's care records, training staff had undertaken and the recruitment records for three members of staff. We looked at other records relating to aspects of the home including medicines, accidents and incidents and quality assurance

Is the service safe?

Our findings

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

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.

Staffing and recruitment

- There appeared to be enough numbers of suitably trained and experienced staff to meet people's needs but these were not always effectively deployed. All the staff on duty during our inspection matched with those who had been planned for on the staffing rota.
- However, half of the people we spoke with had experienced delays of up to an hour for their care needs being met. People told us this left them feeling stressed and anxious whilst waiting for assistance. One person told us they had experienced a delay in staff supporting them during our inspection and because of this said they had undertaken the task themselves.
- Other people told us about delays they had experienced. One person told us, "You do have to wait if you want to go to the bathroom." Another person told us, "Sometimes if I know I need changing it does take a while and on one occasion I waited 50 minutes. I ring the bell and they come in and switch it off and say they will come back. I know they are busy, but I don't like sitting in a wet pad." A further person told us, "Recently I waited for over an hour waiting for staff to return to help me off the commode and this upset me."
- Family members told us they had concerns over their relatives having to wait for carers to attend their relatives. One relative told us, "Staff help [named relative] very early in the morning which is good. But they often don't come back to change [person] pad before lunchtime and that concerns me about the impact on her skin. When I raised this nothing changed." Another relative told us, "While we were here recently it took forty minutes for my [named relative] to be helped onto the commode."
- Whilst people's care needs were met to keep them safe, people's experience and well-being was affected by the discomfort of waiting for staff's response to their calls for assistance.

We recommend the provider reviews the system for the deployment of staff so that meeting people's care needs in a timely way is improved.

- Some people told us they did not experience delays. One person told us, "I get up and go to bed early and I don't have to wait when I want to go." One relative told us, "I think the staff ratios are good and my [relative] is well looked after."
- The recruitment of staff was safe. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring service carry out a criminal record and barring check on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm. Staff had received appropriate safeguarding

training. They consistently told us they were confident in reporting any concerns for people and were aware of agencies to contact if they felt their concerns were not being taken seriously by their managers.

- People told us they felt safe living at the service. One person told us, "I've got no worries here, I get all the help I need." Another person told us, "I feel safer here and haven't had any falls since I came which is good."
- Family members told us the home was safe. One relative told us, "After my [relative] had a fall the manager was concerned about safety. My [relative] was provided with a ground floor room and now feels safer and hasn't fallen again."

Assessing risk, safety monitoring and management

- Risks to people's health were identified and plans in place to minimise those risks. People's care files provided staff with clear instructions on how to reduce any known risks.
- Staff we spoke with told us they knew people's needs well. Records showed people's needs were regularly reviewed and any changes were clearly communicated to staff. One staff member told us, "I am told when people have changes to their care, I know people well and if I am concerned I tell the manager."
- People had Personal Emergency Evacuation Plans (PEEPS) in place telling staff the assistance they needed in the event of a fire or other emergency.

Using medicines safely

- People's medicines were administered safely, and staff followed safe medicines policies and procedures. The registered manager took regular audits of medication records to ensure the management of medicines remained safe.
- Staff responsible for managing people's medicines had completed training and their ability to manage medicines safely had been checked to ensure their competence.

Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Procedures were followed to ensure the home was a safe and clean environment to live in.
- Personal Protective Equipment (PPE) was always available. Staff were observed to be using PPE when supporting people with their care needs to prevent the spread of infection.
- One person told us, "[staff member] is very good and she is brilliant at spotting infections in the early stages. She has prevented hospital admissions because she knows what to look for."

Learning lessons when things go wrong

- People's care plans were improved to make them more person-centred. This was identified by the local authority during their previous inspection and comparisons between previous care plans confirmed this.
- The registered manager had a system in place to check incidents and accidents and used them as learning opportunities to look at ways of preventing further occurrences.

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

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

- Systems were in place to assess and review people's needs to ensure the service was an appropriate setting.
- People's individual needs were comprehensively assessed and provided in line with legislation and best practice. Care plans contained professional guidance and information about how to meet people's physical, mental, cultural and social needs.
- Records showed people and their family members were involved in the planning of care and support and they were reviewed regularly.

Staff support: induction, training, skills and experience

- Staff had the right knowledge, skills and experience to meet people's needs.
- Staff told us they had a comprehensive induction to the service and training was made available. Training records confirmed this.
- The registered manager ensured staff training was kept up to date, so their knowledge was current and in line with best practice.
- The registered manager planned individual supervision with staff. Staff told us the manager had an "open door policy" and was supportive of them in their role.

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

- People were protected from poor nutrition and dehydration. People were given a selection of meals and drinks they could choose from. Around the home there were "hydration and snack stations" provided and were accessible and replenished when required.

One person told us, "We have choices every day and I eat very well." Another person told us, "I eat well, and they do the food right."

- People assessed to need a special diet were served food in the correct way and records confirmed this. One person told us, "[My relative] is on a soft diet. All assessments have been done and we are happy with the food provided."
- People had access to specialist cutlery and could choose when and where they had their meals. People told us they enjoyed the restaurant experience the home provided.

Staff working with other agencies to provide consistent, effective, timely care

- Staff had good relationships with healthcare professionals. During the inspection we spoke with a visiting professional. We were told that staff were very good at communicating with them about concerns they had for people's health. They said, "The staff are knowledgeable and always follow advice and guidance provided. We have no concerns here. If a relative of mine needed residential care I would recommend this

home."

- Records confirmed systems in place for effective working with healthcare agencies worked.

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

- The design of the building enabled people to move around safely. The environment was attractive, exceptionally clean and maintained to a very high standard.
- One person told us, "My room is by the terrace which is very beautiful."
- People had safe access to communal areas within the grounds of the home. These were well maintained, and people told us these were a great feature of the home and important to them. One person told us, "I've got an electric scooter, so I can go out to the botanical gardens. The staff charge it up for me. This means I can be independent whilst I am still in the confines of the home."

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were met. Staff requested visits from doctor's and other healthcare professionals when people required these services. People told us that staff recognised when their healthcare needs changed.
- Care records reflected people's health needs and were reviewed following any change.
- One person told us, "If my relative need to go out for an appointment the staff know this and go with her."

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.

We found the service was working within the principles of the MCA and this told us people's rights were being protected.

- People told us that staff consulted them prior to delivering care and support. Our observations confirmed this.
- Staff had received training in MCA and were protecting people's right in making their own day to day decisions and choices.

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

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's experience of care was overwhelmingly complimentary. Every person we spoke with held this view. Staff treated people with care, kindness and compassion. People openly wanted to share their experiences during our visit.
- One person told us, "The staff are lovely and very respectful. This morning they really pampered me when I was getting up, it was really nice, and it made me feel good." Another person told us, "The staff are excellent, and the care is excellent." A further person told us, "The staff are lovely. There's a connection between people here."
- People told us that staff who didn't provide personal care were equally caring. One person told us, "We have a host in the dining room who is lovely and very attentive. The housekeeping staff are lovely as well. I can't fault them." A relative told us, "There's a nice atmosphere. As a regular visitor here, I feel like part of team almost. People are interested in you and you can tell it's genuine."
- All of the relatives we spoke with told us they could visit freely and they felt welcome.

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

- People's records confirmed that staff worked in partnership with them and preferences of their care and support needs were gathered. Family members told us they felt part of their relatives care and had the opportunity to express their views. Joint residents and relative meetings were held and generally well attended.
- The registered manager held regular staff meetings for all employees. Staff we spoke told us they were able to suggest ideas to improve the service, share good practice and raise any concerns they had.
- People were consulted regularly on their dining experience and menu choices. Records confirmed that changes had been made following consultations with people.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them very well and their and dignity care was delivered with bedroom doors and curtains closed to respect this. Staff spoke with people confidentially and sensitively taking care that conversations could not be overheard.
- Interactions between people and staff confirmed that confidentiality was maintained.

Is the service responsive?

Our findings

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

Good: This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- A formal complaints procedure was in place and accessible to all. The registered manager recorded complaints, detailed how they were investigated and their outcome. Records showed people had made few complaints. There were numerous cards displayed in the office thanking the manager and staff for the service their relative had received whilst living there.
- Some people told us their informal complaints were not always resolved. One person told us, "We are encouraged to raise issues, but I'm not sure it makes a difference. I did try to raise the issue of staff shortages but I felt I was just shut down." Another person told us, "I'm worried that when we do raise an issue it can get a bit touchy." I did raise waiting times for help but felt these concerns were not understood.
- Other people we spoke with had confidence their concerns would be resolved if they were made. One person told us, "If anything was wrong I would definitely tell [registered manager]. I wouldn't be worried about doing that at all." Another person told us "I don't have any concerns. I'm confident if I did raise anything it would be dealt with."
- The registered manager told us there were no recordings of informal complaints made by residents and relatives and she was unaware of the concerns we were informed of during our inspection. We recommend the register manager reviews the system and process for recording and responding to people's informal complaints.
- Satisfaction surveys showed people's feedback was mostly positive. Where issues had been raised an action plan was created, and the following survey showed improvements had mostly been made.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were identified and reviewed regularly. People were involved in the planning in their care and where appropriate their relatives too. Care files were person centred and staff supported people according to their preferences.
- The registered manager was aware of the requirements of the Accessible Information Standard (AIS) and complied with this. People's communication needs were met by the home. We saw people provided with information in a way they could understand taking account of any disability, sight or sensory loss.
- People were provided with a varied and purposeful activities programme. Staff engaged people in activities and people had a choice if they participated. One person told us, "[Named worker] is very good, works hard and is marvellous in arranging the weekly programme with people and I get involved in things if I want to." Another person told us, "There are new things happening. We have a new bar, a communion service, meditation, and visits from children."
- Activities also took place in the grounds of the home with one person telling us, "We go into the garden when the weather is nice and do crosswords and quizzes."

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had failed to respond to people's and relative's concerns over staff response times for meeting their care needs. Poor communication between staff and managers prevented any action being taken to resolve these. Some people felt their concerns were not taken seriously and there was a continuing risk of this reoccurring.
- Audits of the call bell system showed staff responded in a timely way. However, people told us that staff did not always provide the support they had requested at that time. People told us staff would sometimes turn the bell off and come back later.
- Previous satisfaction surveys had highlighted staffing as the main area for improvement in the service. The provider had put an action plan together to improve this but people told us they were still experiencing delays in their care needs being met.
- Following the inspection we were informed that the registered manager had arranged meetings with people who used the service and their relatives to discuss the issues identified around staff response times.
- Other audits in the service for monitoring the quality and safety of the service were in place and these were effective.
- The registered manager was clear about their responsibilities and had a good understanding of the regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was a visible presence in the home. There was an ethos of person-centred care and support for people using the service. The registered manager told us she was proud of the home and was always looking at ways to improve people's experience.
- The registered provider and registered manager held regular meetings. The registered manager felt supported by the provider.
- The previous inspection ratings poster was displayed in the home and on the providers website.

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

- Staff felt listened to by the registered manager, held her in high regard and had confidence in her abilities. They were comfortable in raising any concerns and assured they would be dealt with. They commented on how improvements have been made. One staff member told us, "The manager is fair to all staff, she wants to

help you. Staff are happy here. We get the opportunity to meet staff we don't usually work with as she arranges meetings, so we can all be there."

- Staff had frequent appraisals and supervisions. Training needs were identified, and the registered manager encouraged people to develop their skills. One staff member told us, "The manager has supported me with training outside the home to develop my career. A visiting trainer told us, "The manager is supportive of her staff and wants them to progress. She clearly cares about them. I would be happy to work here."
- The registered provider sought people's views on the service and produced the findings which were on display in the home.

Continuous learning and improving care

- The registered manager had been successful in applying for the service to a twelve-month pilot project with a specialist provider to improve people's care at the end of their life. Twenty providers were chosen from across the region based on their ethos of supporting people at the end of their lives.
- The provider supported the registered manager with improvements she identified would improve people's outcomes and experience. For example, "hydration and snack stations" had been installed around the home to reduce the risk of dehydration and improve people's independence and choice. A bar was now available, and people commented on how this had led to a real community experience for them.

Working in partnership with others

- The registered manager had referred itself to the local authority's "quality assessment framework". The home had met the requirements of a "gold award", the highest rating possible.