Methodist Homes

Lawnfield House

Inspection report

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Ratings

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

Overall summary

We undertook this unannounced inspection on 6 November 2015. Lawnfield House is registered to provide personal care and accommodation for a maximum of 41 older people, some of whom may have dementia. The home is a purpose built and accommodation is provided on the ground floor, first floor, second floor and third floor of the building. At this inspection there were 38 people living in the home.

At our last inspection on 28 April 2014 the service met all the regulations we looked at.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People and their representatives informed us that they were satisfied with the care and services provided. They said that people were treated with respect and they were safe. There was a safeguarding adults policy and suitable

Summary of findings

arrangements for safeguarding people. People's care needs and potential risks to them were assessed. Staff prepared appropriate care plans to ensure that that people were safe and well cared for. Their healthcare needs were closely monitored and attended to. Staff were caring and knowledgeable regarding the individual choices and preferences of people.

There were arrangements for encouraging people to express their views and experiences regarding the care and management of the home. Consultation meetings had been held for people and their representatives. The home had an activities programme but effort was needed to provide a more varied range of activities so that people could have regular access to adequate and appropriate social and therapeutic stimulation.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. During this inspection we found that the the home had followed appropriate procedures for complying with the Deprivation of Liberty Safeguards (DoLS).

There were suitable arrangements for the provision of food to ensure that people's dietary needs and cultural preferences were met. People were mostly satisfied with the meals provided. The arrangements for the recording, storage, administration and disposal of medicines were satisfactory.

Staff had been carefully recruited and provided with induction and training to enable them to care effectively for people. They had the necessary support, supervision and appraisals from their managers. There were enough staff to meet people's needs. Staff worked as a team and communication was good.

The home had comprehensive arrangements for quality assurance. Regular audits and checks had been carried out by managers of the home and the organisation's service manager.Complaints made had been promptly responded to.

The premises were clean and tidy. Infection control measures were in place. There was a record of essential inspections and maintenance carried out. We however, noted that some areas of the home had an unpleasant odour. Action had already been taken to rectify this problem.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff were aware of the safeguarding policy. They had received training and knew how to recognise and report any concerns or allegation of abuse.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines. Staff were carefully recruited. There were sufficient staff to meet people's needs.

The home was clean and infection control measures were in place. Action was being taken to rid some areas of the home of unpleasant odours.

Is the service effective?

Good

The service was effective. People who used the service were supported by staff who were knowledgeable and understood their care needs.

People's healthcare needs had been closely monitored and attended to. People had access to healthcare services. Their nutritional needs were met and staff were aware of their special dietary needs of people with medical conditions. We saw some examples of good practice related to the provision of meals and the induction of staff.

Staff were well trained and supported to do their work. There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. People and their representatives said staff treated people with respect and dignity. People's privacy were protected.

Staff supported people in a pleasant manner and were responsive to their needs. Adaptations and equipment were available to assist those with mobility problems. Feedback from people, their relatives and health and social care professionals indicated that staff listened to people and developed positive relationships with them.

Consultation meetings and care reviews had been held. People and their representatives, were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive. Care plans were comprehensive and addressed people's individual needs and choices.

The home had an activities programme and a sensory room. Action had been taken to encourage people to be as independent as possible.

The home had meetings and people could express their views and suggestions. People and their relatives knew how to make a complaint if they needed to. Complaints recorded had been promptly responded to.

Summary of findings

Is the service well-led?

Good

The service was well-led. People and their representatives expressed confidence in the management of the service.

The results of the last satisfaction survey and feedback from people and relatives indicated that most people were satisfied with the care and services provided. Staff were aware of the values and aims of the service and this included treating people with respect and dignity and ensuring that their care needs including physical and spiritual needs are met.

Audits and checks of the service had been carried out by the home's managers and the service manager of the organisation. These ensured that people received a good quality service.

Lawnfield House

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 checked 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 took place on 6 November 2015 and it was unannounced. The inspection team consisted of two inspectors. Before our inspection, we reviewed information we held about the home. This included notifications and reports provided by the home. Prior to the inspection the provider completed and returned to us provider information return (PIR). This 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 also contacted health and social care professionals and obtained feedback from four of them about the care provided in the home.

There were 38 people living in the home. We spoke with 12 people, and one relative. We also spoke with eight staff, the registered manager and deputy manager of the home.

We observed care and support in communal areas and also looked at the kitchen, garden and people's bedrooms.

We reviewed a range of records about people's care and how the home was managed. These included the care records for six people living there, five staff recruitment records, staff training and induction records. We checked the policies and procedures and maintenance records of the home.

Good

Is the service safe?

Our findings

People and their relatives told us they felt that people using the service were safe. One person said, "I feel safe here.' Another person said, "The staff are kind and help you when you ask."

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. There were posters around the home about risks of adult abuse and how concerns could be raised. Staff had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. Following some prompting they informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and details of the local safeguarding team were on display near the reception area.

Staff were aware of the provider's safeguarding policy. People's care needs had been carefully assessed. Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with people falling, antisocial behaviour and pressure ulcers. People's care plans also contained Personal Emergency Evacuation Plans in the event of a fire or other emergency. We noted that special protection guards which had been placed around fire extinguishers as one person on that floor had tried to lift the fire extinguishers and was at risk of hurting themselves and others. This showed that when a risk was identified, the provider took action to protect people.

We looked at the staff records and discussed staffing levels with the registered manager. On the day of inspection there was a total of 38 people who used the service. The staffing level consisted of 9 carers the day and 5 carers on waking duty during the night. The registered manager and deputy manager were supernumery. In addition the home had kitchen and other household staff. Staff we spoke with told us that there was sufficient staff for them to attend to their duties. People informed us that staff were attentive and they were satisfied with the care provided. The manager stated that no agency staff were used and the home had a low turnover of staff.

We examined a sample of five staff records. We noted that staff had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that staff were suitable to care for people. We saw that when needed, the provider had raised queries concerning references including requesting additional references if those put forward by applicants did not meet the standards required.

There arrangements for the recording, storage, administration and disposal of medicines were checked. They were satisfactory. The temperature of the room where medicines were stored was monitored and was within the recommended range. There was a record confirming that unused medicines were returned to the local pharmacist for disposal. The home had a system for auditing medicines. This was carried out internally by the manager and deputy manager. There was a policy and procedure for the administration of medicines. This policy included guidance on storage administration and disposal of medicines. Training records indicated that staff had received training on the administration of medicines. There were no gaps in the medicines administration charts examined.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, emergency lighting and electrical installations. The fire alarm was tested weekly to ensure it was in working condition. A minimum of four fire drills had been carried out in the past twelve months. The deputy manager informed us that the fire authorities had visited the home and were satisfied with the fire safety arrangements. The electrical Installations inspection report of was satisfactory.

Staff we spoke with had access to protective clothing including disposable gloves and aprons. The home had an infection control policy. We visited the laundry room and discussed the laundering of soiled linen with laundry staff. The laundry staff was aware of the arrangements for soiled and infected linen. All areas of the home visited by us were clean. Paper towels and soap were available in bathrooms. We however, noted that some areas of the home had an unpleasant odour and this included a bedroom on the

Good

Is the service safe?

ground floor. The registered manager informed us that a special carpet cleaning machine had been purchased and this was being used. She further added that the carpets would be replaced if the odour persisted.

We examined the accident book and noted that the home had recorded a large number of falls. This was discussed with the registered manager. She stated that the incidence of falls was carefully monitored by her and effort had been made to reduce the incidence of falls. This included environmental risk assessments and falls monitoring charts. We examined the care records of people at risk of falls and noted that further guidance on supervising people had been provided. The registered manager also informed us that meetings had taken place with social and healthcare staff to discuss how falls can be minimised.

Good

Is the service effective?

Our findings

People and a relative indicated that they were satisfied with the care provided. A relative said, "I would not have brought my relative hereif the home was not good. My relative has improved since coming to the home" A person who used the service said, "Oh yes! They are nice to me." Two healthcare professional informed us that they noted that people were well cared for and the home had ensured that people had access to healthcare services.

People had their healthcare needs closely monitored. Care records of people were well maintained and contained important information regarding medical conditions, behaviour and any allergies people may have. There was evidence of recent appointments with healthcare professionals such as people's dentist, optician and GP. Information following visits by GP and other professionals were documented in people's records. A healthcare professional informed us that she observed that people were well cared for and staff maintained good liaison with them regarding the health of people. This professional had no concerns regarding the welfare of people.

There were suitable arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed using the Malnutrition Universal Screening Tool (MUST). MUST is used to assess people with a history of weight loss or poor appetite. Following this there was guidance for staff on monitoring people's weight and progress and what to do if they lost a significant amount of weight.

Kitchen staff kept a list of people who required special meals or were on diabetic diets. Dining tables were laid attractively. The menu was available for people. Meals were presented attractively. Plates used had discrete raised edges which helped people eat independently. We saw people being offered a choice of main dish and drinks. People had assistance with their meals when this was needed. People were not rushed. We noted that staff explained that people could choose what they wanted to eat for breakfast although most opted for porridge, cereals and toast. Staff said that people had been offered options and other meals could be prepared if they preferred. We saw that one person preferred steamed fish rather than battered fish and that this had been provided. We asked people about how they were offered choice about their food. They told us that this was discussed at meetings for people and that they had requested bacon cabbage although it had not been provided so far. Later we noted that the minutes of meetings recorded this request and we saw a reference to ensuring it was provided.

We noted some examples of good practice. On each floor we saw staff turning off the television leaving just the radio on over lunch. This helped people using the dining area to focus on the meal. We saw the staff took care to offer people choices about what they wanted and asking whether people wanted more vegetables or sauces before placing these on their plates. We saw staff offer people a choice of pudding by showing them the options available and allowing them to point to their preferred choice. People were offered water, juice and teas and coffees during the meal. People were asked by staff if they had enough and offered further helpings if they wanted it. People were offered protection for their clothes while eating and we were assured that bibs were immediately placed for laundering and not re-used.

We saw further examples of good practice. Staff were attentive and created a pleasant atmosphere chatting to people over lunch. We saw that people who were supported to eat were helped in a respectful manner with staff sitting next to them, and taking the time required to help them to eat. We saw that people were able to eat in their own rooms if they preferred and there seemed to be enough staff available to support people in their rooms as required.

Staff were knowledgeable regarding the needs of people. We saw a copy of the training matrix which set out areas of training The matrix demonstrated that staff received appropriate training. Topics included managing challenging actions, mental health capacity, equality and diversity, moving and handling, health and safety, assessments, food safety, fire training, first aid at work, the handling of medicines and dementia awareness. We spot checked the records of training provided for three members of staff and saw that their personalised records showed they had attended appropriate training for their role. We cross checked this information with the training certificates contained in a file which confirmed that staff received the appropriate training for their role and training was updated when required.

One new care staff had enrolled on the Care Certificate course. All new staff had undergone a period of induction to prepare them for their responsibilities. The induction

Good

Is the service effective?

programme was very comprehensive consisting of a workbook for completion by each new member of staff. The topics covered included standard policies, information on fire safety, infection control, health and safety and safeguarding to name a few of the areas. Units were also undertaken on the practical skills involved in caring for people at home as well as the policies and procedures under which care was delivered at the home. New staff were assigned a 'buddy' and each area of the workbook was completed within the first few days and weeks of the person starting work. This is an example of good practice as it ensures that new staff are prepared for their duties. Staff said they worked well as a team and received the support they needed. The registered manager and deputy manager carried out supervision and annual appraisals of staff. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records. They informed us that communication was good and their managers were approachable.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager was knowledgeable regarding the Mental Capacity Act 2005 (MCA) and the DoLS. These policies were needed so that people who did not have the capacity to consent to certain decisions about their care and support were protected and staff were fully informed regarding their responsibilities. The managers in the home and staff had a good understanding of the legal requirements related to the MCA and DoLS. Staff said they had received the relevant MCA and DoLS training. We noted that some people were subject to DoLS authorisations. Mental capacity assessments and best interest decisions were recorded in people's care records to ensure that their rights were protected.

Good

Is the service caring?

Our findings

People told us they found staff to be kind and caring. One person said, "'I am happy here. It's very nice." A second person said, "So far, so good. I can choose what I eat and when I get up and everything." Another person identified a staff member and described them as "excellent". A social care professional informed us that their client was listened to and staff worked with them to ensure people's needs were met. Another social care professional stated that their overall experience of Lawnfield House had been relatively positive and staff members have shown respect to people in the home.

We observed respectful and caring interactions between care staff and people who used the service. One person appeared distressed. A staff member noticed this and went to speak with this person and provided them with reassurance. This person responded well to the staff member's intervention. We also noticed that a person who used the service was abrupt to a staff member. The staff member remained calm and responded in a non-judgmental manner. People appeared to feel comfortable and at ease in the presence of staff.

Staff we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. Dignity and respect were included in the induction programme for new staff. We saw staff knocked on people's bedroom doors and waited for the person to respond before entering. Bedroom and bathroom doors were closed when staff supported people with their personal care needs.

During our visit we saw staff took time to listen to people and supported them to make choices about what they wanted to eat, drink and what they wanted to do. The registered manager informed us that the activities organiser had one to one sessions with people to discuss their choices and preferences regarding activities and she could give us examples of what was done following this. This included an outing for a pub lunch.

We saw some detailed information in people's care plans about their life history and their interests. Staff could provide us with information regarding people's background, interests and needs. This ensured that staff were able to understand and interact with people.

People were supported to maintain relationships with family and friends. A visitor told us that they were well treated whenever they visited the home and they were kept informed about their family member's progress.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Staff told us representatives of various faiths and denomination had visited the home to support people with their spiritual needs. Staff we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. Records showed equality and diversity was included in the staff induction programme. Staff confirmed they had E&D training. Kitchen staff informed us that they could arrange for various cultural meals to be provided if requested.

People were encouraged to express their views and participate in the deciding their care arrangements. Staff held monthly meetings where people could make suggestions in areas such as activities and the running of the home. This was evidenced in the minutes of meetings and confirmed by people. Ten people attended the last meeting held in October and six at the September meeting. The minutes indicated that staff been responsive to issues raised. For example it appeared that decisions had been taken regarding the provision of alcohol at celebrations. Relatives' meetings were also held. These were not always attended by relatives. Where they were it appeared that the issues raised were addressed.

Equipment such as hoists, grab rails and air mattresses had been provided to assist those with mobility problems. People living on each unit had the use of a small quiet lounge. These lounges were distinctively decorated reflecting different themes. In one there was an attractively period dressing table while in another there was an old fashioned radio.

Each person has their own room and the use of an ensuite toilet and hand basin. The rooms were decorated well and personalised with people's own furniture, ornaments and belongings according to their preference. People were able to spend time in either of the two lounges on their floor or to stay in their room according to their own preferences. We noted that one person preferred to keep her door locked and this was respected by staff.

Good

Is the service caring?

There was a large and attractive garden which people on the ground floor had direct access to. The registered manager stated that people on other floors could also access the garden if they wanted to.

Good

Is the service responsive?

Our findings

People informed us that they were satisfied with the care provided. One person said, "It's fine here. Nothing to complain about." A relative informed us that staff provided the care that their relative needed and this had led to improvements in their mental health. A social care professional stated that his client had made good progress in Lawnfield House and has settled in well and staff were able to meet their needs.

The home provided care which was individualised and person-centred. People and their representatives were involved in planning care and support provided. People's needs had been carefully assessed before they moved into the home. These assessments included information about a range of needs including health, social, care, mobility, medical, religious and communication needs. Care plans were prepared with the involvement of people and their representatives and were personalised. Staff had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person. For example a person's care plan showed that they had at times exhibited antisocial behaviour. Guidance had been given on how to care for this person's needs and respond to their behaviour. Staff were able to describe this person's behaviour and what to look for to ensure the safety of this person and the safety of others. We further noted that this person had been provided with one to one care at certain times of the day. Reviews of their care had also been arranged with professionals involved to discuss their progress.

Records showed staff had completed details of people's needs and what staff needed to do to ensure that people were well cared for. We saw that if a person was subject to falls, they had a falls diary. There were monthly evaluations of people's progress. Included in the care records was a diary of communication or contact with relatives to evidence that relatives had been kept informed. Changes in people's care were communicated during each working shift so that all care staff had up to date information of each person's current needs. Staff informed us that communication was good and they could always approach their managers if they needed further guidance.

The home employed an activities co-ordinator who was on duty during the inspection. We saw a number of activities being offered to people during our visit. On the ground floor there was a short exercise session in the morning and on the first floor a quiz session was being held although most of the people involved did not appear to be very engaged in this activity. In the afternoon we saw people actively engaged in playing picture bingo. The weekly activities advertised on the activities planner included bingo, colouring, memory sessions, church, jigsaws and relaxing. We were concerned that this range of activities may not be sufficiently engaging for people living at home and discussed this with the deputy manager and the registered manager. The registered manager stated that people had been consulted in and on a one to one basis with the activity co-ordinator. She added that people's preferred choices of activities were documented in their care plans. This was noted by us. She also stated that there has been a pub lunch outing, as well as walks and a shopping trip. A knitting club was introduced, however this was not enjoyed by people. There was a sensory room on the third floor where people could relax and receive sensory stimulation.

The registered manager informed us that the home had received an award from a local group for promoting independence among people in the home. Evidence of this award was given. She stated that arrangements had been made to encourage people to assist in household duties to promote their independence. For example, one person engaged in sweeping the leaves in the garden while another swept the dining room floor. Two people helped with clearing dirty cups, saucers and dishes and washing them. One person assisted in taking meeting minutes at the residents' meeting. People who could were also encouraged to get involved with the recruitment and selection process for prospective staff.

The complaints procedure was displayed on the wall of each floor of the home. Staff knew they needed to report all complaints to the manager so that they can be documented and followed up. We examined a sample of complaints recorded. In each case we saw that the issues had been attended to in a timely manner. It was evident from the polite and courteous written responses provided by the registered manager that face-to-face meetings had been arranged and matters have been resolved satisfactorily in the cases we looked at.

Good

Is the service well-led?

Our findings

People and a relative expressed confidence in the management of the home. One social care professional said they were pleased with the care and support provided to their client at Lawnfield House. This professional said staff kept them updated regarding the progress of people and the communication between the home and all professionals involved was excellent. Three other health and social care professionals provided positive feedback regarding the management of the home and the care provided.

Care documentation was well maintained, up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them.

The home carried out annual satisfaction surveys of people who used the service. The registered manager informed us that the report of the most recent survey was not ready as the feedback was in the process of being analysed. The results of the previous survey were positive and indicated that people were mostly satisfied with the services provided. There was an action plan for improving the care and services provided. This included better handling of complaints and better access to healthcare services. We noted that these had been responded to.

Audits and checks of the service had been carried out by the managers of the home and the service manager of the organisation. These were carried out monthly and included checks on care documentation, cleanliness, medicines, hot water and maintenance of the home. At the inspection we saw evidence that monthly audits had been carried out.

The home had a system for improving effective communication among staff. There were daily handover meetings for staff to ensure that they were updated regarding the care of people. In addition, monthly staff meetings were held and we noted that staff had been updated regarding management and care issues. Staff were aware of the values and aims of the service and this included treating people with respect and dignity and ensuring that their care needs including physical and spiritual needs are met. Staff said they had confidence in their managers. They further stated they received token rewards for achieving their work objectives.

The home had a record of compliments received. These included the following:

“A very big thank you from the bottom of my heart for all the help, kindness and understanding shown to my relative.”

“You were so kind to my relative. She was very happy here.”