Mr Trevor Nesbit

The Lawns Care Home

Inspection report

1-2 Kensington Gardens
Monkseaton
Whitley Bay
Tyne and Wear
NE25 8AR

Tel: 01912530291

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29 March 2016

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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?	Requires Improvement

Summary of findings

Overall summary

The Lawns is a four storey detached property providing accommodation for 28 people who require care and support with their personal and healthcare. There were 15 people living in the service at the time of the inspection.

This inspection took place on 24 and 29 March 2016 and was conducted by one inspector. The inspection was unannounced. This meant the provider and staff did not know we would be visiting the service.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
There were detailed safeguarding and whistleblowing policies in place, which provided information about how to recognise the signs of abuse, and how to respond to any concerns people may have.

People had individual risk assessments in place to keep them safe and to assist staff to support people with their specific health care needs. Environmental health and safety checks had been carried out. There were systems were in place for reporting and recording accident and incidents

Policies and procedures were in place in relation to recruitment. Records within staff files demonstrated proper recruitment checks had been carried out.

Everyone who lived in the service was supported with the management of their medicines. The service had safe systems in place to check that people were managing their medicines.

Staff were given regular training opportunities that linked to the care and support needs of people living in the service. Staff were provided with supervision and appraisal and were well supported in their roles.

The registered manager was aware of his responsibilities relating to the Mental Capacity Act 2005. The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests'. Application in relation to DoLS had been made for some people.

Staff had an understanding of capacity and consent and had completed training relating to mental capacity

and the deprivation of liberty safeguards.

People had access to a range of health professionals when required, including dentists, GPs, community nurses and chiropodists.

Menus were available which provided a choice of meals for each day. People living in the service were well supported with good nutrition.

Care records contained a wealth of information which related to the care and support needs for each person. People were involved in the review of their care plans. Relatives we spoke with were happy with the care and support that was provided. Staff clearly understood the importance of treating people with dignity and respect.

The service had a complaints process in place. People living in the service and their relatives were provided with information to support them to raise any concerns or complaints they may have.
The service had systems in place to check the quality of care people were receiving. A variety of audits were carried out covering areas relating to medicines health and safety, fire and support planning.

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.

People told us they felt safe. There were safeguarding policies and procedures in place.

Staff had received training in relation to safeguarding and keeping people safe and, were clear regarding any actions they needed to take to ensure people were kept free from harm.

Procedures were in place to ensure all staff were subject to proper employment checks before commencing employment.

Is the service effective?

Good

The service was effective.

Staff were provided with regular training and were clear about their roles and responsibilities.

Staff were clear regarding their role and responsibilities in relation to consent and capacity.

People were supported to access health professionals to maintain and promote their health, wellbeing and nutrition.

Is the service caring?

Good

The service was caring.

People were supported by caring, compassionate staff who knew people's care and support needs and wishes.

People and their relatives were happy with the care and support provided. Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and up to date care plans were in

place.

A range of activities were available for people to take part in.

People could give their views about the service through attending regular meetings or filling in surveys. Feedback from the most recent consultation was positive

Is the service well-led?

Requires Improvement

The service was not always well led

A registered manager was in post.

Some registration requirements were not being met.

There was a quality assurance system in place to check standards relating to service provision were being maintained.

The Lawns Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

This inspection took place on 24th and 29th March 2016 by one adult social care inspector and was unannounced.

Before the inspection, we reviewed information about the service. This included reviewing statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters the providers if legally obliged to tell us about.

The provider completed a 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 reviewed information we had received from third parties. We contacted the local authority safeguarding team, the commissioning and contracts team, and a social care professional. The service had provided us with contact details of relatives of people who lived in the service. We contacted four relatives to gather their views about the service.

During the inspection we talked with the registered manager and deputy manager, we also talked with four care staff, the cook and the activities coordinator.

At the time of our inspection there were 15 people who lived in the service. We spoke with some people about the care and support they received and we observed other people who may have found it difficult to express their views. We observed staff providing support to people in communal areas and the interactions between people living in the service and staff. We did this using a Short Observational Framework (SOFI) exercise to observe interactions between people and care staff.

During the inspection we looked at four people's care records including their medicine administration

records. We looked at four staff recruitment records, training and supervision records, maintenance records and certificates, quality audit records. We also reviewed records which related to the registration and management of the service and undertook a tour of the building.

Good

Is the service safe?

Our findings

People we spoke with told us about life in the service. One person said, "I'm fine here". We observed how people were within their home and saw they were relaxed and content.

We spoke with health and social care professionals who told us they had no concerns about the care and support provided to people.

The provider had detailed safeguarding and whistleblowing policies, which provided information about how to recognise signs and symptoms of abuse, and how to respond to any concerns people, may have. Staff we spoke with had completed training in safeguarding; they were able to clearly describe the registered providers policy and procedures for reporting any safeguarding concerns. Staff said, "I would report any concerns straight away".

We reviewed the registered provider's safeguarding log, which confirmed that concerns had been reported to the local authority's safeguarding team and investigated in line with the policy and procedure.

People had individual risk assessments in place, which were reviewed to ensure they were up to date. Risk assessments were focussed upon keeping people safe and supporting people with their specific health care needs, for example, there were risk assessments in relation to the environment and risk assessments linked to falls. Records detailed the levels of risk, for example, low, medium or high and provided information to reduce any risks.

In addition to individual risk assessments, the service also had a range of environmental risk assessments in place. For example, fire risk assessments, legionella risk assessments, slips and falls risk assessments. Regular health and safety checks were completed in relation to the premises, the lift and portable equipment (PAT). Certificates were also in place which confirmed gas and electric safety. This indicated that the manager ensured the safety of the premises. Records in relation to these types of checks were up to date and well maintained.

Fire safety and fire alarm testing checks were carried out regularly. Records were available to indicate that people were involved with regular fire drills. People had their own personal evacuation plans (PEEPS). The PEEP is an escape plan which provides individual safety and support instructions to help people reach a place of safety quickly.

We saw systems were in place for reporting and recording accident and incidents. The manager had reviewed records on a monthly basis and information relating to falls was collated. The registered manager talked about how they reviewed this information to identify people who may need some specialist support from healthcare professionals, for example the falls team. Records included information to indicate that staff reviewed risk assessments and areas of care planning to support with accident and incident prevention.

The service had systems in place to ensure peoples finances were checked and kept safe.

We spoke with the registered manager about staffing levels and he told us there was enough staff on duty to meet people needs. We saw that staffing numbers were determined by a rating assessment, which was linked to areas where care and support was needed for people. The registered manager used this information to help with planning staffing levels across the service. The staffing rota showed staff working consistently on shifts including 8-3, 3-10 and 10-8. Relatives we spoke with said, "Staffing levels are fine", and "There doesn't seem to be any problems with staffing, they are always around". There were also ancillary staff which included a cook, kitchen assistant, domestic staff and a handyperson.

Policies and procedures were in place in relation to recruitment. Records within staff files demonstrated proper recruitment checks were being carried out. These checks included employment and reference checks, identity checks and a disclosure and barring service check (DBS). A DBS check is carried out to assess the suitability of someone who wants to work with vulnerable people. This meant the provider had followed safe recruitment practices.

Everyone living in the service was supported with the management of their medicines. Records were in place to show that medicines were being administered properly and signed in and out correctly. Audits by the manager and the local pharmacy had been undertaken to check that procedures were being followed correctly. We saw that medicine was stored securely in a lockable facility.
There were records in place for people who received 'when required' medicines such as antibiotics and paracetamol. 'When required' medicines such as those given for pain relief are usually given to people to treat short term medical conditions or symptoms. Records were in place to show that staff received regular training about the safe handling of medicines.

Good

Is the service effective?

Our findings

We spoke with people who told us they "Liked living here", and" Its fine". Another person said, "I'm content".

Staff said they felt well supported and one member of staff said, "The management are great". Staff said they felt they could raise any concerns with the manager and deputy manager.

The manager told us about the training provided for staff. A number of training records were in place, which provided information about the areas of training staff had completed, and when training was planned to be refreshed. The manager said, "This information helps with planning additional training to support staff with their ongoing development".
One member of staff told us, "There is plenty of training". Another member of staff told us they had completed training in medication, first aid, moving and handling, safeguarding and fire safety. Staff also told us they had completed training linked to the specific needs of people, for example, dementia, falls and mental capacity. We saw certificates within training records in relation to the training staff had undertaken. Staff talked about how some areas of training was reviewed. These reviews were known as 'competency assessments'. The manager carried out the assessment and checked to see that staff were clear about their role and responsibilities in particular areas, safeguarding, for example. Information from these reviews helped the manager to identify where staff may need some additional training. The majority of staff had worked in the service for a number of years. One member of staff had recently been recruited and said, "The induction was great but I already know the service as I had worked here before".

We looked at supervision and appraisal records and saw that staff had regular supervision meetings to discuss their performance and development. Supervision is a meeting where a manager and a member of staff will meet to discuss areas linked to their role and responsibilities, and training and development needs. Annual appraisal is a meeting where staff are given time to look back at their learning and performance and to plan for future learning, to support with their ongoing development. Staff said, "We have supervision every two to three months".

We talked with staff about mental capacity and promoting people's independence, choice and rights. Staff had an understanding of mental capacity and consent and had completed training related to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We saw that mental capacity assessments around accommodation had been completed for people who lived in the service and the registered manager had made applications under the DoL safeguards appropriately.

Staff told us about the links they had with medical professionals to support and promote people's health and wellbeing. Staff also told us about referrals to health care professionals to maintain and promote people's health and wellbeing. For example, to the falls team if people were experiencing a number of falls. Staff were able to tell us about what they would do if a person needed to access health care and specialist services. Records we looked at had clear information about people's health needs and provided information where health professionals were involved. People living in the service were well supported with their healthcare needs. One relative said, "Staff keep me up to date with anything about my (relatives) health". Another relative said, "They always let me know"

Menus were available with a choice of meals for each day. Where people had difficulty with understanding the menus, staff showed people the choices of meals on the day. This helped people to choose what they would prefer. Some people had support needs in relation to their diet and nutrition. The cook said, "People are provided with alternative meal options if they do not like what is on the menu". One person said, "The meals are alright, I usually get what I want". Relatives spoken with said, "The meals are fantastic. I visit my (relative) every week and have a meal with my (relative). It is always excellent". Another relative said, "The meals are fabulous. There is always a choice and the food is always nicely presented". The cook told us how meals were prepared for people who needed specialist diets. For example, a diabetic diet and a soft diet.

We looked at records about the support people needed with meals and there were a number of recording systems in place, particularly relating to the monitoring of food and fluid intake. The registered manager was aware of some duplication and was looking at changing this so information was only recorded within one record. The home had equipment in place, such as yellow plates and cups; this equipment helped people to see their food better and helped with promoting nutritional intake. We observed drinks and snacks being made available for people outside of their mealtimes.

The dining room was bright and airy. People were supported to eat their meals at the dining table or in the lounge area. One person said, "I like to sit here (lounge) to eat my meals. Staff will bring my meals to me".

Good

Is the service caring?

Our findings

The atmosphere in the home was very welcoming and relaxed. It was evident that staff knew people well, and maintained good relationships with visiting professionals and family members. We saw visitors and relatives coming and going during our time at the home.

Relatives we spoke with said, "The staff are fantastic. My (relative) is very particular in relation to her needs and wishes and staff do their utmost to uphold these". Another relative said, "My (relative) is quite determined, staff are very patient and caring". Another relative said, "I know who the staff are but it would be good if they had name badges". We spoke to a number of relatives about the care provided. One relative said, "The care is terrific; we know we are very lucky to have my (relative) living here.

The majority of people spent their day relaxing in the main lounge of the home; staff were observed interacting with people and providing support and assistance in a discreet and patient manner.

Staff were able to describe how they got to know people, for example, such as reading their care plans and talking with them and their relatives. Staff gave examples of how they promoted and offered people choice. One member of staff said, "(name of resident) likes to have a glass of wine every day, we make sure (name of resident) has this".

People were provided with opportunities to take part in planned activities and staff were observed supporting people to do this. Staff provided explanations to people about the activities taking place and encouraged people to participate.

When people needed help to move around in the home, staff supported people by talking clearly to people about what they needed to do, for example, when transferring from a sitting to a standing position. Staff understood the importance promoting peoples independence and keeping people safe.
Staff we spoke to clearly understood the importance of treating people with dignity and respect. For example, staff said they always sought permission from people, where possible, and always knocked on people's door before entering their rooms.

People who lived at the home looked well cared for, happy and content. Staff were patient and caring, and people appeared relaxed in their company.
The service had a dignity champion who is responsible for promoting and raising awareness around dignity. This included sharing areas of good practice and keeping staff up to date with any changes to policy and procedure and making sure that people's dignity continued to be upheld. The dignity champion used a checklist that helped with identifying areas of good practice.

The manager and staff were aware of advocacy services and said they would support people to use the service if they needed to. An advocate is an independent person who can assist people to express their choices and decisions about their care.

Good

Is the service responsive?

Our findings

Care records contained a wealth of information which related to the care and support needs for each person. People had information recorded within a 'this is me document' which contained information about medicines and other areas of care and support. The document was used for sharing information about people who may have difficulty with communicating their needs. The manager also used the information to share with health professionals. For example, when people required an unplanned admission into hospital. Assessment records were in place linked to nutrition, medicine, moving and handling and sensory needs. This information supported the development of individual care plans. Records showed information about peoples likes and dislikes, for example, particular food and beverage choices. One person liked to have a glass of wine each day. Records were clear about this person's choice. Some care plans had been signed to indicate people's involvement. Where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate were involved.

Daily records had been updated when there had been a change in a person's care and support needs. The manager had planned regular care plan reviews to look at areas of care and support and discuss any changes. These reviews would sometimes involve professionals such as social workers and relatives. Relatives we spoke with said, "I always get invited to review meetings". If I can't make it, the manager will update me".

The registered manager and deputy manager had a clear understanding of person centred care planning , and were using a document called a 'one page profile' to capture information about what was important to people. This helped staff to provide individual care and support for people. The manager was in the process of implementing a new care planning format to help with the reduction of care plan records, to support staff with easier access to information and to provide more detail in relation to people's preferences.

An activities programme was in place and included a variety of activities. For example, crafts and knitting, wake up and shake up, jigsaw, poetry and reminiscence activities. The service had an activities coordinator for two days each week to support people with activities. The activity coordinator was very clear about people's preferences and demonstrated some positive interactions with people. The activities coordinator said, "A lot of things I do are based around sensory activities. I find people get more out of this type of activity". People were clearly enjoying their social time, one person was singing, another person was enjoying touching various woollen and feathered items, other people were observed touching and interacting with a sensory board.

Staff talked about other activities such as 'the singing puppets'. Staff said people appeared to enjoy the show. One member of staff said, "Everyone loved them, it was great".

The service had a complaints process and people said they would tell the managers if they had any concerns. People and relatives were given information to support them to raise any concerns or complaints they may have.

One relative we spoke with said, "I have absolutely no concerns with anything".

Requires Improvement

Is the service well-led?

Our findings

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

One relative spoken with said, "There are relatives meetings but they are not always well attended. It might be good to inform people about the meeting using an email address, they could send out a newsletter too". One relative said "Staff always keep in touch with me and let me know what's happening", and "The manager is really good". Another relative said (name of registered manager) is good if I suggest things, he usually gets things done". Records were available of relatives meetings.

We spoke with staff about the management and one member of staff said, "The management is great", I love working here". Another member of staff said, "It's a fun place to work, everyone gets on here".

Staff had regular team meetings to discuss, plan and share information to support with the development of the service. One staff member said, "There are regular staff meetings and an open door policy". We viewed the minutes from staff meetings and saw that areas for discussion included safeguarding, confidentiality, health and safety, communication, refurbishment to the service and information relating to other visiting professionals, for example the commissioning and contracts team.

There were communication systems in place within the service. Staff used a handover record on a daily basis to record key information to share with staff. This helped staff to keep up to date and provided information where people's needs may have changed. For example, when a person may have been unwell and required a visit from the doctor.

The registered manager had systems in place to check the quality of care people were receiving. A range of audits were carried out covering areas relating to medicine, health and safety, fire, complaints, accidents and incidents, falls, support planning and risk assessments. The registered manager told us about the newly developed audit system, which involved looking at key areas each month, within the existing audit system. A new audit had been introduced known as the 'daily walk around'. This audit involved the manager making observations particularly relating to the environment, staffing and interactions with people living in the service.

Annual surveys had been sent out to people using the service and their relatives, and to members of staff. Information from surveys was positive and had been collated and shared to help inform people about what the service was doing well, and where improvements were needed.

We found evidence that a small number of incidents had not been reported to us, as they should have been, in line with the requirements of the Care Quality Commission (Registration) Regulations 2009. We discussed

this matter with the registered manager to ensure he was clear of his responsibility to notify us of incidents, such as serious injuries, incidents reported to the police and any instances of abuse or allegation of abuse. The registered manager gave us his assurances that he would familiarise himself with the requirements of these regulations immediately, ensuring that all future notifiable incidents are forwarded to us immediately. This matter is being dealt with outside of the inspection process.