Bupa Care Homes (BNH) Limited

The Lawns Care Home

Inspection report

Lawn Lane
Springfield
Chelmsford
Essex
CM1 7JB

Tel: 01245450101

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 17 January 2017 and was unannounced.

The Lawns nursing home is registered to provide accommodation and care for up to 52 people, some of whom may be living with dementia. There were 50 people living at the service at the time of our inspection.

The service has a registered manager in post. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were appropriate arrangements in place for medication to be stored and administered safely, and there were sufficient numbers of care staff with the correct skills and knowledge to safely meet people's needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

People had access to healthcare professionals. A choice of food and drink was available that reflected their nutritional needs, and took into account their personal lifestyle preferences or health care needs.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times.

People and their relatives were involved in making decisions about their care and support. People were treated with kindness and respect by staff who knew them well and who listened to their views and preferences.

People were encouraged to follow their interests and hobbies. They were supported to keep in contact with their family and friends.

There was a strong management team who encouraged an open culture and who led by example. Staff morale was high and they felt that their views were valued.

The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required.

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.

The provider had systems in place to manage risks.

Staff understood how to recognise, respond and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good

The service was effective.

Staff received effective support and training to provide them with the information they needed to carry out their roles and responsibilities.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

Staff knew people well and understood how to provide appropriate support to meet their health and nutritional needs.

People had access to healthcare professionals when they required them.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and dignity was maintained.

Staff were kind and considerate in the way that they provided care and support.

Is the service responsive?

Good

The service was responsive.

People and their relatives were consulted about the people's needs and preferences.

Care plans were comprehensive in detail. This supported staff to provide care and support which reflected people's preferences, wishes and choices.

People who lived at the home and their relatives were confident to raise concerns if they arose and that they would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

There was a positive, open and transparent culture where the needs of the people were at the centre of how the service was run.

The management team supported staff at all times and led by example.

Staff received the support and guidance they needed to provide good care and support and staff morale was high.

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 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.

This inspection took place on 17 January 2017. It was unannounced and was carried out by two inspectors, one inspector manager and an 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.

We reviewed all the information we had available about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with six people who used the service, the registered manager, deputy manager and eleven staff including three registered nurses and the chef. We also spoke with five relatives that were visiting at the time of our inspection.

After the inspection we received information from other healthcare professionals that visit the home.

We reviewed ten people's care records, eight medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction and training schedules and a training plan. We also looked at the service's arrangements for the management of medicines, and records relating to complaints and compliments, safeguarding alerts and quality monitoring systems.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "I ring the buzzer if I need them they usually come quickly." And "You only have to ask the staff if you need any help there is always someone around."

All of the relatives we spoke with told us they considered the service was a safe place for their relative to live and had no concerns. One relative told us, "The nurses here are very good you can ask them anything they are on the ball."

There were policies and procedures regarding the safeguarding of people. Staff had received training, and understood their roles and responsibilities to recognise respond to and report any incidents or allegations of abuse, harm or neglect. Staff were aware of the provider's whistleblowing policy and how they could also report any concerns they may have to their immediate line manager of their managers in the service. It was also evident from our discussions with them that they had a good awareness of what constituted abuse or poor practice, and knew the processes for making safeguarding referrals to the local authority. There was also a 'speak up service' on display in the staff room that provided staff with a confidential telephone number to call if they identified any concerns. Our records showed that the manager was aware of their responsibilities with regards to keeping people safe, and reported concerns appropriately.

People's risks were well managed. Care records showed that each person had been assessed for risks before they moved into the home and again on admission. Any potential risks to people's safety were identified. Assessments included the risk of falls, skin damage, and nutritional risks, including the risk of choking and moving and handling. Where risks were identified there were measures in place to reduce them where possible. For example, one person who was living with diabetes had a plan of care in place that gave staff information on how this condition and subsequent health risks should be managed, other people were on a fortified diet because of concerns around their weight again this was detailed in the persons care plan. All risk assessments had been reviewed on a regular basis and any changes noted.

We saw that there were processes in place to manage risks related to the operation of the service. These covered all areas of the home management, such as gas safety checks and the servicing of lifts and equipment such as hoists used at the home. There were appropriate plans in place in case of emergencies, for example evacuation procedures in the event of a fire.

There were sufficient staff available to keep people safe and meet their needs. Whilst agency nursing did support staffing levels at the home, the registered manager ensured that the agency staff members used were consistent to support the continuity of care for people. The service had recently introduced a new role of senior carers. Staff in this role worked alongside the registered nursing staff to provide support. This role also provided the opportunity for staff development within the home.

The manager explained how they assessed staffing levels and skill mix to make sure that there were sufficient staff to provide care and support to a high standard. Staffing rotas showed the home had sufficient

skilled staff to meet people's needs, as did our general observations. For example, people received prompt support and staff were unhurried. The manager told us that they employed full time activity co-ordinators, cleaning staff and a chef, this enabled the care staff to focus solely on the care required to meet the needs of the people that used the service, without having to carry out any other duties.

Staff recruitment files demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check that candidates are suitable for employment. People could be assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills for the job role they had been employed to do.

People's medicines were managed safely. People were protected by safe systems for the storage, administration and recording of medicines. Medications were securely kept and at the right temperatures so that they did not spoil. Medications entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We observed staff carrying out a medication round they wore a 'do not disturb' tabard which enabled them to concentrate fully on the administering of peoples medicines. Each medication administration chart, (MAR) had a photograph of the person. Staff checked each person's medication with their individual records before administering them, to confirm the right people got the right medication. The registered nursing staff administered medicines and were in the process of carrying out competency assessments on the new senior staff members this included observations of their practice. After each medication round the registered nurses carried out an audit which included a check of high risk medicines, stock available and as and when required medicines (PRN).

Regular audits were carried out on a monthly basis by the deputy manager and the outcomes were discussed at a clinical risk meeting with actions given with a timescale for them to be done by.

Good

Is the service effective?

Our findings

People and their relative told us the staff met their individual needs and that they were happy with the care provided. One person told us, "The staff are all very good they know what they are doing, if they are not sure they get the nursing staff."

Staff told us they felt they were supported with regular supervision and annual appraisals with their manager. This enabled staff to discuss their performance and provided an opportunity to plan their training and development needs.

New members of staff undertook an in-depth induction training course covering areas such as moving and handling, safeguarding people from abuse, first aid, basic food hygiene, behaviour that challenges, COSHH awareness, nutrition and hydration, pressure ulcers and staying safe at Bupa. Additional training was available to staff including updates for nurses such as syringe driver use and IV training. Staff told us, "I had four days training before I started, then shadowed experienced staff for a week to integrate me into the home."

All staff we spoke with told us they had been supported with training relevant to their role and how this enabled them to understand and meet people's needs. For example, they were able to demonstrate to us through discussion and our observation throughout the day of inspection how they supported people in areas they had completed training in such as moving and handling, dementia and falls prevention. Staffs comments included, "The courses here are all well organised and they let us know when training is due."

The manager told us they work closely with Farleigh hospice. They had given the staff some training and guidance with end of life care. They were able to liaise with them if they needed any support when someone was requiring end of life care.

A monthly report was sent by the provider detailing the compliance status in all areas of training. Any outstanding or training due was immediately actioned by the administrator, who would check rota and book staff on to training required, then email staff two weeks prior to the training to confirm their attendance and then report to the provider the action they had taken.

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 interest and as least restrictive as possible.

People can only be deprived of their liberty to received care and treatment when this is in their best interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We Checked whether the home was working within the principles of the MCA 2005.

We looked at care records and found the service routinely assessed people's capacity for day-to-day decision making such as personal care, dressing, transfers, medication and nutrition. However, although risk assessments were in place for people who used bed rails we did not see any evidence in care plans that people's capacity had been assessed in this area or a best interest process followed. We discussed this with the management team and were informed they would look at their paperwork and rectify this immediately.

We spoke with the staff to assess their working knowledge of working within the principles of the MCA. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity. We observed staff consistently offering choice to people and checking for their agreement before supporting them with any tasks. Staff had been trained in MCA and DoLS they were aware of the people that these restrictions applied to and the support they needed as a consequence.

Staff told us, "When we make decisions in people's best interest we involve relatives and other professionals if need be." And "If I was concerned about a person's ability to make a decision I would inform the nurse and involve their family."

People told us they were happy with the food provided comments included, "The food is very good I can have a fry up if I want for breakfast, you get a real variety of food and if you are awake during the night you can have some food." And "The food is excellent you get a good choice they will get anything you want." Staff told us, "The food is all homemade, today there is homemade soup and turkey and ham pie."

Meals were prepared by the catering team and served by staff who all demonstrated an awareness of people's likes and dislikes, allergies and preferences. People were supported to have enough to eat and drink and we saw drink and snacks being offered throughout the day. People could choose where they had their meals. Although some people took their meals in the dining room, some people chose to have lunch in their bedroom and staff respected these choices. During the lunchtime meal, we observed that the atmosphere in dining area was calm and relaxed. The tables were pleasantly dressed with napkins and glasses and people were being assisted by members of staff where required. People who needed assistance to eat were provided with the appropriate support. People were reminded of the choices available at the time of the meal and staff told people that there had been a change to the soup for that day.

The Head of hotel services over saw the catering and housekeeping services at the home. The menu was a corporate menu devised twice a year and consisted of 4-week menus, the head of services manager told us prior to these menus being devised surveys were sent to all people to ascertain any preferences.

The daily menu provided two choices for lunch and dinner and an alternative menu was provided for people who did not want either of the choices listed. The head of
hotel services told us that some flexibility was provided in the menu to take into account peoples choices and preferences. For example, one person asked the chef if they could have a curry and this was provided. They told us, "We have flexibility, so if people ask for something particular we can provide it."

The hotel services manager told us that one of the catering team go and see all new clients and discuss their requirements, choices and preferences. They told us that the catering team were notified if anyone had a special diet prior to their admission and would then check the specifics with the person when they arrive.

Where people had problems with weight loss staff were aware and monitoring took place regularly. Food was fortified as standard and additional supplements were added to people's diets to help maintain weight. The hotel services manager attended a daily meeting with clinical staff and received information about any concerns related to weight loss, additional thick shakes and smoothies were provided daily.

We visited the kitchen and found it clean and hygienic. Cleaning schedules ensured people were protected against the risks of poor food hygiene. The head of hotel services had knowledge of the food standards agency regulations on food safety and food labelling. This showed the provider had kept up to date with legislation on how to make safer choices when purchasing food for people with allergies. The provider had achieved a food safety rating of five. Services are given their rating when a food safety officer inspects the premises. The top rating of five meant the home was found to have very good food safety standards.

The hotel services manager completed audits in areas of temperature monitoring, cleaning, food quality and audits related to daily cleaning and deep cleaning. He walks the floor daily to check standards are maintained to the required levels.

People and their relatives told us their health care needs were well supported. One person said, "I had the GP visit to give me because I just wasn't feeling right, I just tell the nurse and they call them for me." One relative told us, "They always call the GP if necessary and let me know I never have to worry." People had been regularly weighed and where necessary, referrals had been made to relevant health care professionals. The service had appropriately assessed people's nutritional needs and the Malnutrition universal screening tool (MUST) had been used to identify anyone who needs support with their diet. The service also had regular contact with the GP and other health care professionals that provided support and assisted the staff in the maintenance of people's healthcare. These included chiropodist, dietician, speech and language therapists (SALT) and social workers. One person told us, "I just ask the receptionist if I want anyone called, I had my chair serviced last November the receptionist sorted it out for me, they also call the chiropodist for me."

Good

Is the service caring?

Our findings

All of the people we spoke with including relatives were complimentary about the staff and the manner in which people were cared for. People told us that the staff were gentle, caring and kind. Comments from people included, "Staff on the whole are pretty good, always polite and they don't show stress when they are busy sometimes everything happens at once. They know my routine I like to get up from bed about 8 o'clock and then have breakfast in my chair. Never felt embarrassed they are respectful and kind." And, They shut the door when they help me get up they have to use the hoist today they helped me go to the hairdressers, they are so lovely here."

During our observations on the upper floor, we noted that the interactions between people and staff were friendly and respectful. We saw staff talking and interacting with people and noted the positive atmosphere in the service. Staff demonstrated affection, warmth and compassion towards the people they were supporting. For example, staff made eye contact by kneeling or sitting next to them and listened to what people were saying, and responded accordingly. People were not rushed they were given time to respond to a question.

We noted people's dignity and privacy and independence were maintained throughout our inspection. Staff walked with people at their own pace. They spent time actively listening and responding to people's questions.

People were offered a choice of male or female care support and staff tried to accommodate people's requests.

Staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. For example, they described how they used a towel to assist with covering the person while providing personal care and made sure the door was shut. We observed staff knocking on people's doors and waiting for a response before entering.

Staff referred to people by their first names and knew about their backgrounds and interests. One person had been to the hairdressers and staff complimented the person on their hairstyle. The overall atmosphere in the home was calm and relaxed and staff acknowledged people and spoke to them as they moved around the building.

Care plans had a 'their day, their life, and their future' document completed which was completed by family if people were unable to give their input. Specific wishes were documented for example, not to go into hospital for their final days but to stay at the care home with their family around and for a minister to be called, these forms were evaluated on a monthly basis.

There was a 'family room' for relatives of residents who were reaching the end of life. This included a portable bed for people to use.

Good

Is the service responsive?

Our findings

People and their relatives told us that they felt the service met their needs and they were satisfied with the care and support they received. They said they had been given the appropriate information and the opportunity to see if the service was right for them prior to moving in.

The manager carried out a detailed assessment before people moved into the service. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to each person. This assessment identified choices of life-style so this could be integrated into the care plan. This included detail such as the time people liked to get up and any interests and hobbies they had or would like to pursue.

There was evidence that people's wishes and preferences were included in their care plans wherever possible. Relatives said that they were fully involved in decisions about their relative's care. Each person who lived at the home had been involved with recording their life history; in addition support had also been sought from relatives where it was appropriate. This information enabled staff to chat with the people about their family and reminisce about their life and personal experiences. We observed this during our visit; staff sat interacting with people and chatting about their lives.

There was a range of activities available in the home, and people were encouraged to make choices about where they wanted to be during the day and what activities they wanted to participate in. The service had a number of 'quiet lounges' for those people not wanting to take part in activities. The service employed an activities co-ordinator and most of the people we spoke to were very positive about the range of different activities on offer each day and told us things had vastly improved now that there were two activity co-ordinators. The activity co-ordinators told us they spent time talking to people asking them what their interests are and if they preferred group activity or 1-1 activities like, drawing, scrabble, playing cards or chatting.

We saw evidence of outside entertainers who had visited these included, Zoo Lab, they bought animals along for people to touch and hold and a Bollywood dancer who explained the hand and dance movements and what they meant. One person told us "We have a fashion show and then we can buy the clothes if we want to, it is an enjoyable evening."

People were encouraged to remain active and one person was observed being encouraged to walk around the garden with the aid of a walking frame. Exercise classes were held on a regular basis. People also told us the go out to the pub or to the shops to buy personal items. One person told us, "I go to the chemist to buy my nail varnish when I need to."

Some people we spoke with told us, "I like to be on my own with my knitting the staff respect that, I have a lot of visitors." And, "I like to stay in my room and read the newspaper and do the crossword, they always tell me what they have going on though."

We saw that the manager routinely listened to people through care reviews and organised meetings. The staff said that 'residents meetings' were held once a month. From looking at the minutes of the meetings, we saw that feedback was sought about the entertainment and any preferences about what they would like to do were considered when the activity schedule was planned. One person had asked for a treadmill and this was discussed how this could possibly be purchased.

The service had a complaints policy and procedure which was available and within easy access to all people that used the service. One person told us, "I have no complaints; I would speak to the manager." Relatives informed us they would have no hesitation in complaining if the need arose. At the time of inspection there were no outstanding complaints however, records of complaints received previously showed that they were acted upon promptly and were used to improve the service. Feedback had been given to people explaining clearly the outcome and any actions taken to resolve concerns.

Good

Is the service well-led?

Our findings

People and their relatives told us they were happy with the management and staff. A relative told us, "Management are approachable there is usually someone around. They do a walk around and ask if everything is okay." Relatives told us the manager was available at any time if they needed to speak with them. Comments included, "You can always get to speak to someone they always have time for you."

The home had a registered manager however, they were not available when we carried out our inspection; in their absence the provider had appointed an interim manager who had been managing the home for some time along with the support of a deputy manager. It was clear from our discussions with the management team and from our observations that all staff were clear about their roles and responsibilities. Both managers knew the service and staff well.

Staff said they enjoyed working at the home they told us the interim manager and deputy manager where supportive and approachable. Staff felt able to raise concerns or make suggestions for improvement. They told us that communication was always inclusive and they were kept fully informed about any proposed changes. We saw evidence of this in the staff meeting minutes and also daily handover logs. On the day of inspection, we sat in on a daily meeting which involved discussions about the day to day running of the home, as well as the needs of the people that lived there and this was an opportunity for staff to raise any issues or concerns they may have.

Residents meetings were held and any actions were documented and carried out. For example, people wanted a more secluded smoking area and therefore a trellis had been erected with plants that would grow up the trellis.

Quality assurance processes were in place. We looked at records relating to systems in place and found that a range of checks and audits within the service had been carried out. However, we noted that some equipment did not have a recent 'checked by' date on, this equipment needed to be checked on a regular basis to ensure it was safe for people to use. We spoke to the manager who was able to verify by contacting the company responsible, that the equipment had been checked but the company had omitted to replace the sticker with a 'checked by' date.

The provider was sent details each month in relation to pressure ulcers, falls, accidents and weight loss. These were monitored and analysed to check if there were any emerging trends or patterns which could be addressed to reduce the likelihood of reoccurrence. Attention was given to see how things could be done differently and improved, including what the impact would be to people.

The providers' representative visited the home on a monthly basis to check on the safety and quality of the service and to review any actions from previous visit.

As part of the provider's quality assurance systems they sent questionnaires to relatives, friends and health or social care professionals to seek feedback to improve the quality of the service. There was also a

suggestion box placed in the foyer which was clearly visible.

Care files and other confidential information about people were kept in the main office. This ensured that people such as visitors and other people who used the service could not gain access to people' private information without staff being present.