

Four Seasons 2000 Limited

Lawn Park Care Home

Inspection report

Lucknow Drive
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Nottinghamshire
NG17 4LS

Tel: 01623515340

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08 March 2017

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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 07 and 08 March 2017. Lawn Park Care Home [the service] is a residential care home which provides accommodation and nursing care for up to 49 people. At the time of our inspection the service had 35 people living there.

There was a registered manager in post. 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. In this report when we speak about both the charitable body and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection in July 2016 the service was rated Good. At this inspection we found the service remained Good.

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People received safe and effective care from staff. Staff had a good understanding of the various types of harm and their roles and responsibilities in reporting any safeguarding concerns.

Risks to people's individual needs and the environment had been assessed. Staff had information available about how to meet people's needs, including action required to reduce and manage known risks but this was always done safely.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. Staff received regular training and supervision and were able to reflect on the care and support they delivered and identified further training requirements.

People received their medication as prescribed. Medicines that were required as and when were not always given safely. Staff were able to explain the process they followed when supporting people to safely take their medication. Records we checked confirmed this.

People's rights were protected under the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to meet their nutritional needs. External health professionals were involved in people's care when required.

People's care plans reflected their individual needs and personal wishes. People and their relatives were involved in the development of their care plans and these were reviewed regularly. Advocacy information

was made available to people.

The service encouraged feedback from all people involved with the service. A complaints process was in place. People were able to make a complaint and felt confident that staff and the registered manager would respond appropriately.

People were very satisfied with all aspects of the service provided and spoke positively of both staff and management team. People received care and support from kind, caring and compassionate staff, who respected their privacy and dignity at all times.

People had confidence in the registered manager and the way the service was run. The vision and values of the staff team were person-centred and made sure people were at the heart of the service.

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 knew how to keep people safe and understood their responsibilities to protect people from the risk of harm.

Systems were in place for staff to identify and manage risks and respond to accidents and incidents. However, risks to people were not always safely managed.

People received their medicines as prescribed.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely.

Is the service effective?

Good ●

The service was effective.

People were assisted with their care needs by staff that were trained and had suitable knowledge and skills to provide effective support.

People were assisted by staff who knew about the Mental Capacity Act 2005 and its implications for people in a care setting. Staff knew how to ensure they promoted people's freedom and protected their rights.

People were supported to eat and drink sufficient amounts to meet their nutritional needs. External health professionals were involved in people's care when needed.

Is the service caring?

Good ●

The service was caring.

Staff were patient, compassionate and kind and relationships between staff and the people they were supporting were good.

People and had been involved in decisions about their care.

People were treated with respect and their dignity maintained.

Is the service responsive?

The service was responsive.

There was appropriate information available to staff about people's care needs.

There were activities available that suited everybody's individual needs.

People were asked for feedback about the service they received.

People had access to a complaints procedure and complaints were recorded and responded to appropriately.

Good ●

Is the service well-led?

The service was well-led.

People, their relatives, health professionals and staff were confident in the management of the service. People were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

There were systems in place to monitor and improve the quality of the service provided.

Good ●

Lawn Park 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 registered persons continued to meet 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 was carried out on 7 and 8 March 2017 and was unannounced. The inspection team consisted of an inspector, an Expert by Experience and a specialist nursing advisor with experience of dementia care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed the information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

Local commissioners of the service, Healthwatch Nottinghamshire, Healthwatch Nottingham and health and social care professionals involved with the service were contacted to obtain their views about the quality of the care provided by the service.

During our inspection we spoke with nine people who used the service, seven relatives, four members of care staff, a cook, a care coordinator, regional manager and registered manager. We looked at the care plans of five people who used the service and any associated daily records such as the daily log and medicine administration records (MAR). We looked at four staff files as well as a range of records relating to the running of the service such as quality audits and training records.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who found it difficult to speak with us.

Is the service safe?

Our findings

People told us they felt safe living at the service. A person said, "You can never feel anything else but safe here you get just what you want." A relative told us, "Our relative is absolutely safe here no one bothers her much and they check on her in her room every two hours." Other examples shared that made people feel safe were having sensor mats in people's bedroom (electronic sensor to alert staff if someone has had a fall), access to a call bell to alert staff and knowing staff were around when needed.

Staff were able to describe the various types of abuse people could experience and would report these to the deputy manager (nurse) or registered manager, local authority or CQC. All staff had completed the appropriate training and information was visible around the home on how to report safeguarding concerns.

The staff we spoke with were familiar with people's needs and knew how to manage the associated risks and records viewed confirmed risk assessments were in place. External healthcare professionals such as occupational therapists and GPs had also been involved in discussions and decisions about managing known risks.

People who lived at the service did not always receive care in a way that protected them from harm. We observed one person being assisted using a procedure that is now deemed as unsafe. We shared this with the management and they took immediate action and spoke with the staff concerned to avoid any repeat.

We saw documentation relating to accidents and incidents were logged on a computer system. We reviewed records and the computer system was being used effectively to analyse incidents to identify patterns and check what actions were recorded to minimise the risk of re-occurrence. This included what action was taken following an incident, review of risk assessments and care plans.

There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for all people using the service. This confirmed in the event of an emergency the service had appropriate systems in place to evacuate people safely. A business continuity plan was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

People were protected against an unsafe environment. The service carried out regular health and safety checks of the environment to ensure people were safe from harm. We looked at records relating to the maintenance of the building and records relating to testing of equipment and water and found these were all up-to-date.

We found that there were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and staff who administered medicines had received training. We saw staff correctly following written guidance to make sure that people were given the right medicines at the right times. Medicines were stored correctly and securely. However certain medicines like paracetamol that were given 'as required' needed the time of administration to be also documented in the MAR (medication

administration record). This would avoid the risk of exceeding the agreed dose required over a 24 hour period. We shared this with the management and they agreed to do this.

Staff administering medicines had their competency assessed annually and records we checked confirmed this had taken place.

People and relatives told us there were sufficient staff available and that their calls bells were answered in time. Our observations on the days of our inspection confirmed calls bells were answered promptly. We reviewed the staff rota's that showed there were sufficient staff on each shift and this was confirmed throughout our inspection. In addition, the registered manager used a dependency tool to assess levels of staff and the varied roles required across the service.

We checked the recruitment files of four staff members. Safe recruitment and selection processes were followed. These contained the relevant documentation required to enable the provider to make safe recruitment choices. Prior to starting employment, new employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

Is the service effective?

Our findings

People and relatives told us staff were effective in meeting their needs. One person said, "I think the staff are great. All the carers are brilliant, they all have their own jobs." Another person told us, "I wouldn't wish to be in a better place, they look after me." Staff told us they were supported effectively by the service through regular supervisions, annual appraisals and attendance at staff meetings. Records reviewed showed that staff had received all of the guidance and training they needed. One staff member told us they had recently completed a train the trainer course in moving and handling which meant they were able to offer this training in-house.

We saw staff asked permission before assisting people and gave people choices. Where people expressed a preference staff respected them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where DoLS applications had been made holding letters had been issued by the local authority.

We checked whether the service was working within the principles of the MCA and the requirements of the MCA were being followed. When a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interests documentation had been completed. All staff had completed training on the MCA and were able to clearly explain the principles of the MCA.

People told us that they enjoyed their meals. During the morning the chef came around to all residents to ask what they would like for lunch and tea. We saw people always had choices for mains and deserts. One person said, "They are lovely meals, I have just had a very nice dinner I can't complain." Hot and cold drinks were offered regularly between mealtimes. P

People's care records contained care plans for eating and drinking and there were records of their preferences and any support required. Nutritional risk assessments had been completed and nutritional care plans in place with actions to reduce the risks to people. Some people required their weight, food and fluid intake to be monitored and recorded. Records checked confirmed this was taking place.

Documentation within people's care records provided evidence of the input of district nurses, dentists and GPs. When these professionals had provided recommendations or advice this had been implemented.

Is the service caring?

Our findings

People and their relatives spoke positively about the quality of the care received. One person said, "I know the staff well enough, I have been here a long time they are kind to me; they talk nice." A relative told us about a recent birthday celebration, "They put on a little party for [relative's] birthday and we had a cake and the family came; the staff are really caring." There was a feeling of calm and quietness during our visit. Staff were going about their business professionally without hurry and noise.

We saw that people were being treated with respect and in a kind and caring way. One person said, "They always knock and call me by my name. I can ask for a bath and they give me one with a lady carer." A relative told us, "All the staff are good with my [relative]. My [relative] would let us know if [relative] did not like them."

We observed a staff member using a pictorial cue card to aid communication with one of the people living at the service. The nurse established that the person was complaining of feeling pain and pain relief was offered.

Each person had a book about themselves which indicated their likes and dislikes and information about their history and family. This enabled staff to get to get know the person and deliver care and support that was person centred.

Advocacy information was also available for people if they required support or advice from an independent person. Independent advocates represent people's wishes and what is in their best interest without giving their personal opinion and without representing the views of the service, NHS or the local authority.

Staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. People had their own bedroom which they had been encouraged to make into their own personal space and personalise. Staff knocked and waited for permission before going into bedrooms, toilets and bathrooms. They also made sure that doors were closed when providing personal care.

We noted that written records which contained private information were stored securely and could only be accessed by authorised staff.

We saw people had their relatives and friends visit throughout the day.

Is the service responsive?

Our findings

People received care that was responsive to their needs. One person said, "I do some activities; I go in the garden and out for a walk." Another person said, "I join in most of the things when I can."

There was a comprehensive programme of activities based around people's preferences and interests. Each person had a 'My Choice' booklet which gave details about their lives and interests and activities were planned around these. There was a full time activity coordinator in post who had a good rapport with people. Activities were either run in a group or where more appropriate on an individual basis, such as a pamper session (in people's room) or going out for a walk.

People were supported with a variety of activities in line with their preferences and abilities. One person would ask staff to play music CD's from the band they were a member of which they really enjoyed. Another person used to use a wheelchair and the service had supported them to improve their mobility and walking. We observed this person had just returned from their morning walk with staff.

People's care plans were written in a person-centred way and discussions had taken place with people and relatives to gain an insight into people's life histories, care preferences, food preferences, likes and dislikes. Care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. The records when changed were instantly updated using the computer system. One relative told us, "We asked for [my relative] to be moved downstairs and they did this for [my relative] so they listened to us."

We reviewed people's daily summary notes that staff completed. These were meaningful and confirmed people received the assistance needed as described in their care plan.

People told us they had opportunities to have their spiritual need met by being able to access holy communion either in their room or at a service held at the home. This was provided by two volunteer priests that regularly visited from the local church.

We spoke with people in their rooms which they had personalised with photographs, memories and their preferences. All rooms were tidy and clean. People told us staff were available to support them when they wanted a wash or a shower. Some people told us they preferred and enjoyed having a bath and one staff member was observed running a bath with a pleasant floral fragrance coming from the bathroom.

People and their relatives had access to information about how to make a complaint. People living at the service told us they had never needed to make a complaint and one person said, "If I had any concerns I would speak to staff or [registered manager's name]." Relatives told us they had made comments about the service and these have all been handled professionally and dealt with quickly. There was a clear procedure for staff to follow should a concern be raised. Staff were able to explain clearly how they would respond to any complaints raised directly with them. We reviewed four complaints, two were from neighbours and two were from relatives all had been responded to appropriately.

Is the service well-led?

Our findings

People and relatives we spoke with told us the service was well led. One person said, "It's lovely here, you can feel it's homely." Another person said, "[Registered manager's name] is a good manager she helps you when she can." Several relatives remarked how friendly the registered manager was and that all the staff made them welcome at any time and relatives could see the manager in the office if they had a concern or query and the issue was generally dealt with quickly.

People and relatives were provided with opportunities to tell the provider their views about their experience of the service. This included during residents meetings and by completing surveys. People told us they felt part of the local community and could access services if they wanted. Strong links with local community had been established that enabled people to access activities and services locally.

There were regular staff meetings that took place which gave staff and management the opportunity to discuss and share progress about the service. This supported the service to make sure people were supported effectively. One of the nurses said, "We all support each other and manage very well." This feeling was supported by other staff we spoke with as staff felt their suggestions or ideas would always be listened to by the registered manager. One staff member said, "I love my job."

We saw that all conditions of registration with the CQC were being met. Incidents had been dealt with appropriately and reported to the correct authorities when needed. Notifications had been received which the provider was required by law to tell us about. This included allegations of harm and any serious accidents.

We saw that regular audits were carried out by the management and representatives of the provider. The provider had an effective system to regularly assess and monitor the quality of service that people received. Some examples of the audits completed were health and safety, medicines and staff training. Any issues were highlighted and actioned appropriately using the computer management system. Information from this system was instantly available to the provider's senior management team. This enabled the provider to share learning and trends across all of their services to support people achieve positive outcomes in their daily lives.

Interactions between staff, management and people using the service showed the positive impact the service had on people's lives. When staff engaged with people we saw people smile and laugh.