

Mr Trevor Nesbit

The Lawns Care Home

Inspection report

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30 May 2018

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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

The Lawns Care Home is registered to provide personal care and accommodation to up to 28 people, including older persons and people living with dementia. There were 17 people living at the service at the time of inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People who used the service and their relatives felt they were well supported by staff who ensured their safety on a day to day basis.

Appropriate systems were in place to monitor the risks people may face, in individual care planning and also with regard to the upkeep and maintenance of the building.

Medicines were safely managed by staff who knew people's medicinal needs well.

There were no concerns regarding the safety of the service when we spoke with external professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff training was appropriate and up to date, with all staff confirming they were well supported in terms of maintaining the skills and knowledge required to fulfil the role.

People and their relatives were complimentary about the food choices on offer and the kitchen staff were passionate about their role. The registered manager agreed more could be done to individualise the choices on offer via the menu.

Staff interacted warmly and patiently with people at all times and demonstrated a good understanding of their needs and individualities. There was clear evidence of strong, friendly bonds formed between staff and people who used the service.

Activities provision was a strength, with a good range of person-centred activities available and good work undertaken by the activities coordinator to network with local community groups to ensure the people could remain a part of that community.

Auditing systems were in place and working well to ensure the registered manager and assistant manager maintained strong oversight of all aspects of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service has improved to Good.	Good ●

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.

We visited the service on 29 and 30 May 2018 and the inspection was unannounced. This meant the provider and staff did not know we would be coming. The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams, safeguarding teams and Healthwatch. Healthwatch is a consumer group who champion the rights of people using healthcare services.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. This document had been completed and we used this information to inform our inspection.

During the inspection we spoke with five people who used the service and two relatives. We observed interactions between staff and people who used the service throughout the inspection. We spoke with nine members of staff: the registered manager, two senior carer workers, the activities coordinator, two carer workers, two kitchen staff and a member of the domestic staff team. We looked at three people's care plans, risk assessments, a range of medicines records, staff training and recruitment documentation, quality assurance systems, meeting minutes and maintenance records. Following the inspection we contacted three family members and one external professional.

Is the service safe?

Our findings

There were no errors with the medicine administration records we viewed and the senior care worker on duty demonstrated a sound understanding of people's medicinal needs. There were elements of best practice, such as clear protocols in place when people were prescribed medicines 'when required'. We found one instance (liquid paracetamol) where a relevant plan was not in place. The registered manager agreed to rectify this during the inspection. Controlled drugs were stored and documented appropriately. Controlled drugs are medicines liable to misuse.

Risk assessments were sufficiently detailed and helped staff protect people against a range of risks, such as weight loss and falls. All staff we spoke with demonstrated a good awareness of the risks people faced.

Where people had suffered a fall this was documented and records regularly analysed to see if there were particular patterns developing. Similarly, all accidents and incidents were documented and analysed in the same way. This meant the registered manager actively sought to learn lessons when there were problems.

Safeguarding training had been delivered and all staff were aware of their safeguarding responsibilities. Posters were prominently displayed in the entrance area reminding staff and visitors of what to do and who to contact should they observe anything that concerned them.

People we spoke with told us, "Staff are lovely – I have no concerns," and "The staff look after me. The manager makes sure everything is ticking over. He keeps an eye on things". Relatives we spoke with also expressed confidence in the ability of staff at all levels to ensure people's safe care. One said, "They are really switched on. They look out for her and we have no concerns."

Pre-employment checks were in place, for example Disclosure and Barring Service checks and identity checks, to ensure prospective staff did not present a risk to vulnerable adults. The registered manager did not have a set timescale within which they refreshed DBS checks. They agreed to seek advice from an appropriate source and implement refresher checks accordingly. They did have in place annual self-disclosure documentation, whereby staff were asked to disclose if they had committed any offence in the intervening time.

The service was clean throughout and appropriate infection control policies and equipment were in place. There were two or three domestic staff on duty at any one time during the day and an infection control champion who stayed abreast of current good practice.

The premises were well maintained with regular visits from the handyman and external servicing of firefighting equipment, the lift, hoists, slings, gas and electrics. A recent inspection by the fire service had identified a need to make improvements to the fire preparedness of the building. We saw the nominated individual had sought a quote regarding this work and had a relevant action plan to work to.

Staffing levels were appropriate to the needs of people who used the service and people were not at risk of

understaffing. One staff member told us, "They will never leave you short, even if someone calls in late." People who used the service told us, "We've never had any concerns. The staff there are great and there are always enough of them."

Is the service effective?

Our findings

People had their needs met by staff who knew them well and who were in turn well supported to fulfil their caring roles. Training was in place to ensure staff had the appropriate skills, such as dementia awareness, safeguarding, fire safety, first aid, infection control and nutrition training.

Staff also received regular and thorough professional support, such as monthly supervision meetings and annual appraisals. Supervisions each included a discussion on core topics such as safeguarding, mental capacity, dementia and whistleblowing. Staff confirmed these conversations were open and positive. We saw some of the documentation used would benefit from incorporating up to date information about best practice or new developments in each of the topics listed above. Staff were extremely positive about the workplace support they received, and clear that this enabled them to provide a good level of care to people who used the service.

Kitchen staff we spoke with were aware of people's special dietary requirements, such as a soft diet, as well as people's individual preferences. The menu gave a choice at each meal and, where people did not like those options, the kitchen team prepared something else. We found there was a level of repetition in the menu, and across the summer and winter menus. The registered manager explained that the menus were agreed across all the provider's homes and acknowledged there was scope to ensure the service incorporated more options specific to the likes and preferences of people who used the service. They would do this through making menus a standing item at resident meetings. Notwithstanding that, feedback regarding meals was unanimously positive and the menu was welcomed by all the people we spoke with. One said, "It's one of the reasons I come back - really nice," whilst one person's relative said, "They used to struggle to put weight on but that's not a problem here. Portions are good and they love the meals." Coloured crockery was used to assist people who had poor eyesight.

Care records documented involvement by a range of professionals, such as GPs and dentists. Each person had an emergency health care plan in place in their care file and we found these to be detailed in instructing care staff and external professionals about what support people should receive if, for example, they suffered a stroke, or weight loss. Likewise, do not attempt cardiopulmonary resuscitation (DNACPR) orders were kept prominently at the front of care files and were up to date.

We saw evidence of people's consent to care being sought throughout the inspection and also in care planning documentation. Relatives confirmed they were invited to regular reviews of care and encouraged to contribute.

Whilst the building was old we found corridors to be light and staff were aware of the need to avoid clutter and keep walkways clear. There were some adaptations that would benefit people living with a dementia or who may have impaired sight, for example contrasting door colours and signage on bathrooms and toilets. The bathrooms, however, were all white, with all white fittings, potentially making it difficult for a person with sight impairment or confusion to access them. The living rooms were adequate for people's needs but again would benefit from a dementia-friendly review, based on current best practice, to identify where

further improvements could be made.

Is the service caring?

Our findings

Feedback regarding staff was consistently strong, with all people we spoke with and their relatives complimenting the patient and caring attitudes of staff. One relative told us, "It's not one of these five-star hotel-type places but the staff are five-star. They are so caring and understanding. I've visited a lot of places and not many can match up to this." Another said, "The staff are really nice and we get a warm welcome." One person who used the service said, "They are lovely. They're always busy but they always have time for you."

There were quarterly residents' meetings at which issues like activities and menus were discussed, whilst people were encouraged to make their own choices on a day to day basis. People who used the service confirmed staff asked them about how they preferred to be helped and relatives we spoke with confirmed they were involved in planning and reviewing people's care. One relative said, "It's lovely and friendly, isn't it? We can stay and chat as long as we like."

We observed people being spoken with in a dignified and respectful manner throughout the inspection, with staff giving people appropriate time to respond and the opportunity to make decisions by tailoring their approach. For example, speaking more loudly to people who needed it, or giving people a choice of two options rather than an open question.

In the provider's annual surveys for people who used the service and relatives, the questions about staff scored particularly highly. When a prospective member of staff was interviewed they were introduced to people who used the service, who could then provide feedback about how they found the applicant. This meant they were encouraged to play an active role in how the service was run.

People's individual preferences were respected. One person enjoyed a lie in and so regularly had breakfast later. One person who used to regularly attend church could no longer do so. We saw the priest now visited on a weekly basis so they could maintain their faith in a manner they were comfortable with. Plans were in place to ensure staff asked these questions of people at admission to the service and supported their emotional and spiritual wellbeing. The activities coordinator had liaised with visiting clergy to ask that services could be made more dementia friendly, for example shortening sections of the liturgy and repeating favourite hymns.

People's rooms were tidy, clean, personalised and homely. Each person's door to their room had their picture and also how they chose to be addressed. We found staff respected this throughout.

Staff felt they were encouraged and supported to get to know people who used the service and, whilst they were busy, they acknowledged that they got the time to speak with people and their relatives. One told us, "You sometimes get to sit and have five or ten minutes with people and their families at the end of a shift. You get to know their life stories."

Is the service responsive?

Our findings

People who used the service and relatives were extremely complimentary about the positive work undertaken by the activities coordinator. One person said, "They are full of energy, we're always being encouraged," whilst one relative said, "They understand people and have them doing things they might not ordinarily get to do." They cited examples of trips out and regular visits from an ice cream van.

We found the activities coordinator had regard to people's passions and hobbies, such as listening to guitarists and piano players who visited, but also their need to indulge in day-to-day pastimes, such as accessing local shops and a pub. The coordinator had made strong links with a range of local organisations, which was having a positive impact on people's wellbeing. For instance, one person who previously played bowls competitively was very impressed with the bespoke indoor roll-up bowling lawn the activities coordinator had commissioned by a local artist. The coordinator actively sought out new ideas and best practice from the Healthwatch North Tyneside Activities Coordinators Forum. This meant people were supported to try new things, to maintain their interests and to avoid social isolation by remaining a part of their community.

The registered manager held residents' meetings every three months and conducted an annual survey of people who used the service, relatives, staff and external professionals. This ensured they compiled and considered a broad range of opinions. We reviewed the content of the latest surveys and found them to be wholly positive about the service and staff.

People's needs had been assessed prior to using the service and reviewed on a regular basis to ensure they could be met. Staff used recognised tools such as the Malnutrition Universal Scoring Tool (MUST) and Waterlow to monitor people's needs and to make changes where necessary. MUST is used to help monitor people's body mass index and prevent undernutrition; Waterlow is a tool used to identify the risk of pressure sores.

We found care records were up to date and accurate, and gave a good overall picture of people's individualities as well as their needs. Each person had a 'This is Me' document completed, which contained a range of person-centred information such as details about the social interest they had and family history. This information was also condensed and available in each person's room for staff members.

Relatives felt staff were responsive to people's changing needs. One told us, "They have a zimmer during the day, which is fine. They had a couple of concerns at night about mobility so they have put a sensor by the bed so staff know if they're up." Another said, regarding a recent health scare, "They had them checked out quickly and kept us fully involved."

There had been no recent complaints but all people we spoke with and their relatives were confident about how to raise a concern if they had one. The provider had appropriate policies and systems in place to support this.

All people who used the service had been asked about their choices and plans regarding end of life care, and appropriate plans were in place, with people's family involved.

Is the service well-led?

Our findings

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.

The registered manager had been in post for four years, had relevant experience and had ensured the focus on caring for people in a homely environment with staff they knew well had been maintained.

The office was well organised and auditing processes, which were completed on site by the registered manager or the assistant manager, were well established and effective. Each audit fed into a monthly action plan which ensured relevant actions were signed off in an appropriate timescale. External auditing by the provider's compliance team took place every month or every two months, with a range of areas checked, for instance care files, environment, bedrooms, along with conversations with people who used the service and staff.

Staff morale was generally good. It was acknowledged that the implementation of another senior care worker had taken longer than the registered manager would have wanted but that the induction and shadowing process was underway.

There were champions in place for infection control, dementia and dignity, although the registered manager held two of these three roles. We suggested these roles could be delegated to other staff who had the relevant interest in a particular field. Likewise, the registered manager's information provider in advance of the inspection had referenced best practice meetings whereby practice across the provider's services could be shared. We found this had not yet been embedded effectively as there were elements of innovative practice, such as a 'pimp my zimmer' scheme in one of the provider's other locations that the registered manager was unaware of. The scheme is intended to reduce the risk of falls through individualising people's walking aids.

Staff were consistently positive about the management team and how they were supported on a day-to-day basis and over the course of a number of years in the case of some staff. One said, "They have always been very good with me – I went away then came back and wouldn't go away again." Another said, "They are both really up front and approachable. They work hard and they support you to work hard. We are all working towards the same thing."

People who used the service and relatives were clear that the registered manager took a hands-on role and was interested in people receiving good standards of care at all times.