

Bupa Care Homes (BNH) Limited

The Lawns Nursing Home

Inspection report

Lawn Lane,
Springfield,
Chelmsford,
Essex
CM1 7JB
Tel: 01245 450101

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 9 and 10 April 2015.

The Lawns Nursing home is registered to provide accommodation for 52 older people who require personal or nursing care. There were 51 people living at the home on the day of our inspection.

A registered manager was in post in the service. 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.'

Staff had attended training on safeguarding people. They were knowledgeable about identifying abuse and how to report it. Recruitment procedures were thorough. Risk management plans were in place to support people to have as much independence as possible while keeping them safe. There were also processes in place to manage any risks in relation to the running of the service.

Summary of findings

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. People had regular access to healthcare professionals. A wide choice of food and drinks was available to people that reflected their nutritional needs, and took into account their personal lifestyle preferences or health care needs. People enjoyed the food and drinks provided.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected. Staff approach to people was kind and caring. Visitors were welcomed and people were supported to maintain relationships and participate in appropriate social activities and outings.

Staff were well trained and used their training effectively to support people. Staff understood and complied with the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and other's safety.

Care plans were regularly reviewed and showed that the person, or where appropriate their relatives, had been involved. They included people's preferences and individual needs so that staff had clear information on how to give people the care that they required. People told us that they received the care they needed.

People were able to express their views and were confident that their complaints or concerns were listened to, taken seriously and acted upon.

The service was well led as people knew the manager and found them to be approachable and available in the home. People living and working in the service had opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response. The provider and registered manager had robust systems in place to check on the quality and safety of the service provided, to put action plans in place where needed, and to check that these were completed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Staff recruitment processes were robust. Risks to people's safety were identified and plans were in place to limit their impact on people.

There were enough staff to meet people's needs safely.

Medicines were safely managed.

Good



Is the service effective?

The service was effective.

Staff received regular supervision and training relevant to their roles.

People were supported appropriately in regards to their ability to make decisions.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Good



Is the service caring?

The service was caring.

People were treated with kindness and respect.

People who lived at the home and their relatives were encouraged to be involved in the planning of their care.

Staff knew people well.

Good



Is the service responsive?

The service was responsive.

People's care was responsive to their individual needs.

Activities provided reflected people's hobbies and interests.

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.

Good



Is the service well-led?

The service was well led.

People who used the service and staff found the manager approachable and available. Staff felt well supported.

Opportunities were available for people to give feedback, express their views and be listened to.

Good



Summary of findings

Systems were in place to gather information about the safety and quality of the service and to support the manager to continually improve these.

The Lawns Nursing 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.

The inspection took place on 9 and 10 April 2015, was unannounced and was completed by one inspector.

Before the inspection we reviewed the information we held about the service including notifications received from the provider. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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 could not talk with us.

We spoke with six people who used the service, five relatives, seven members of staff and the manager.

We reviewed six people's care plans and care records. We looked at the service's staff training plan, five staff files including recruitment, induction, supervision and appraisal records. We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us this was because they found that staff treated them kindly. Another person said, "I do feel safe here, they are the sort of people you could tell if you were unhappy." A visitor told us, "(Person) is safe here, it gives us great peace of mind, (person) is much calmer here and has no more bruises."

People had access to information on who to speak with if they felt concerned for themselves or others. Clear large print information posters were displayed in communal areas where people would see them. Staff told us they received training and updates to help them identify how abuse could occur in a care home setting so as to help them safeguard people. Staff were knowledgeable on how to identify and report abuse and confirmed they would do so without hesitation. The manager had maintained clear records of any safeguarding matters raised in the service. These showed that the manager had worked openly with the local authority to ensure that people were safeguarded.

People lived in a safe environment. Risks were identified and individual written plans were in place to guide staff to help keep people safe while maintaining their independence. Equipment used by people, such as hoists, was tested regularly to make sure it was working properly. The home had clear emergency procedures in place in the event of a fire or for if the home had to be evacuated for any other reason. Fire alarms and call bells were also tested routinely to make sure they were in good working order to keep people safe.

Safe recruitment and selection processes were in place to ensure that staff were suitable to work with people living in the service. We looked at the files of recently employed

permanent staff and agency staff working in the service. Appropriate checks had been undertaken before they had started working there. These included satisfactory Disclosure and Barring Service checks, evidence of identity and written references.

There were enough staff available to meet people's needs. One person told us that there were occasions, such as staff sickness, when the service were unable to find staff to cover the shift, but that staffing levels overall were satisfactory. People told us that staff responded promptly when they rang for assistance. One person said, "Staff are there when they are needed." Another person told us, "They always come when I ring, it makes me feel so reassured and safe." We saw that the number of staff on duty was in line with the number the manager told us was needed to meet people's needs. The manager told us they had recently reviewed staffing levels and were recruiting for additional hostess staff to support people during the evening meal time. Staff told us that staffing levels were suitable and allowed them to give people a safe level of care.

People were satisfied with the way the service managed their medicines. People were protected by safe systems for the storage, administration and recording of medicines. Medicines were securely kept and at the right temperatures so that they did not spoil. We saw that staff checked each person's medicines with their individual records before administering them so as to make sure people got the right medicines. Where medicines were prescribed on an "as required" basis, clear written instructions were in place for staff to follow. This meant that staff knew when these medicines should be given and when they should not. A system was in place to tally all medicines and records at the end of each medication administration round as an extra safety measure.

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training and supervision for their role. One person told us, "(Staff member) is a wonderful nurse. Staff do seem to know what they are doing here and help the newer ones to learn the job too. They give me the care that I need."

Staff told us that they received the training and support they needed to do their job well. New staff members told us they were required to complete an induction programme and were not permitted to work alone until they had completed basic training. Staff said they were supported by regular supervision meetings with senior staff during which their performance was reviewed and discussed. We saw from training records that staff had received training in all areas which were important in their role. This included moving and handling, nutrition and hydration, person centred care and dementia care. This meant that people received their care from a staff team who had the necessary skills and competencies to meet their needs.

People were asked for their consent before care and support were given. We observed staff asking people throughout the day before assisting them with tasks such as where they would like to sit or eat and when supporting people to transfer. We saw that where they were able, people had signed their agreement to their care plan, or to confirm their consent for other relevant people to look at their care records.

People were supported to make decisions. These decisions included Do Not Attempt Resuscitation (DNAR) forms and showed that relevant people, such as people's relatives and other professionals, had been involved. The manager and staff had attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and

had a good understanding of the Act. Mental capacity assessments had been completed where considered as required. There were no DoLS authorisations in place. The manager was assessing whether applications needed to be made to the local authority in relation to DoLS for some people living in the home to ensure people's human rights were protected.

People told us they enjoyed the food and were given a good choice of meals and drinks. One person said, "The food is good, there is plenty of it and we are always offered a choice. There are plenty of drinks available." Another person said, "There is nothing wrong with the food here, it is not the same as home but it is perfectly fine." We saw people supported to have sufficient to eat and drink. Staff explained to people about the food that was available, encouraged them to try the dishes and reassured them that, should they not like it, they could always have something else. People's health or lifestyle dietary requirements were known to staff so that people received the food they needed and preferred. People's weight and nutritional intake was monitored in line with their assessed level of risk and referral made to the GP and dietician as needed.

People told us their health care needs were well supported. One person said, "They do take note when you're not well and listen to you and they get the doctor for you. I have my own chiropodist who comes regularly." Another person told us, "staff give me the help I need and get the GP fast if I need them." This meant that people had their health care needs met in a timely fashion. People's care records demonstrated that staff sought advice and support for people from relevant professionals, outcomes were recorded and reflected within the plan of care so that all staff had clear information on how to meet people's health care needs.

Is the service caring?

Our findings

People told us that they received a caring and compassionate service. One person said, "You could not ask for better care, the staff are so nice and so caring." A visitor said, "We cannot fault the care." People also told us that staff were "kind" and "lovely".

People were cared for by staff they were familiar with and had opportunity to build relationships with. A visitor said, "The staff are very caring. We know staff by name, they are like family to us." Agency staff told us that they had worked regularly in the home and had got to know the people and how to support them in the way they needed. Care and nursing staff were aware of people's needs, abilities and preferences and how these were to be met for each individual. Catering and housekeeping staff also knew the people living in the home and treated them with kindness and concern.

Some people told us that they could not remember if they had been actively involved in their care planning. We saw that people's care records included information about their preferences, likes and dislikes as well as their needs and abilities. People were involved in decisions about their care and support. We saw, for example, that people's right to make decisions and retain their independence was respected. People's preference to retain responsibility for their medication was supported through their care plans and risk assessments. This was also confirmed within the medicines records.

People were offered choice in all aspects of their daily life. This included where and how they spent their time, where they ate their meals and what time they went to bed and got up. People were able to choose from a range of activities. One person said, "They help me when I need it. I go to bed when I choose, I do go down to lunch and sometimes join in with the activities but my choice is respected."

People's privacy was respected. We saw that staff knocked on people's bedroom doors, and waited for a response, prior to entering so respecting people's personal space. People confirmed that staff always treated them with respect and that staff protected their dignity, such as when providing support with personal care.

Visitors told us there were no visiting restrictions in place. One relative told us they were always welcomed into the home at any time and were offered drinks. Another person told us that staff were very respectful of their privacy while they were visiting and for example, that housekeeping staff would not come into the room during that time but would work elsewhere. We saw care and ancillary staff greet relatives in a way that showed they knew them well and had developed positive relationships. There were different communal areas within the home where people could entertain visitors privately as well as in their own bedrooms.

Is the service responsive?

Our findings

People found that staff and the care they provided at the service were responsive to their needs and wishes. One person using the service told us of things that made them feel very anxious at times such as being in rooms with closed doors or rooms with large groups of people. The person told us that they did feel able at times to join in such activities. The person told us that staff knew about their condition and responded immediately and helped them to move to another space as soon as the person started to feel distressed.

People and their visiting relatives told us people received good care and support. Visitors told us staff involved them with developing people's care plans where they were not able to do this themselves. A visitor told us, "They went through a list of questions with (person) and us and about preferences and filled in a life story. They discussed with us the person's preferred place of care at the end of their life and involved us in planning their care generally. (Person) has no pressure sores now and seems much more comfortable here. They know for example that (person) likes the door open and they respect this and ensure it happens."

People's care was planned in a way that reflected their individual specific needs and preferences. A plan of care was in place for each person based on their individual assessment and included information on how they wished to be supported and cared for. Care plans included important areas of care such as personal care, mobility, skin care, emotional well-being and social activities. Staff were able to support people in line with the information contained within care plans and that provided at a handover of each shift so they knew the care to provide to people at that time. Staff were able to tell us about people's care and support needs, such as who needed repositioning and how frequently, so as to help prevent the development of pressure ulcers. This was confirmed in people's care records and the records of support provided to people.

People told us that the service was flexible in meeting their needs. One person told us that their request for care to be provided by staff of the same gender was respected. Another person told us that staff did not come into to their room early in the morning as they knew the person liked to have that time quietly to themselves to complete their prayers.

People told us that a range of activities and social events were available to them to meet their needs and preferences. One person said, "You can do as you please with your day. We do have suitable activities although there are less of the moment as one person left. I can also go outside and sit in the sun or I can stay in my room." Another person said, "I like to sit in the lounge and watch TV. We go out and I also enjoy sitting in the garden when the weather is nice."

People who used the service told us they had no complaints but would be able to say if they did and were confident their comments would be listened to. A visitor said, "We would feel able to complain. We were not happy with (an action that took place), we complained, they withdrew it and apologised to us. They do listen." Another visitor told us "If you do have questions, things don't go unanswered. You can speak, they will talk with you."

People had access to a clear complaints procedure and they felt able to use it. Information on how to make a complaint was displayed in the home and also included in the welcome pack, given to each person when they first came to live in the service. The complaints policy gave timescales for responses and actions so that people knew what they could expect to happen and when. It told people how to take their complaint further should they not be satisfied with the provider's response. We looked at the provider's record of complaints received. We saw that these were clearly logged and were responded to in a timely way. A number of written compliments about the service, the staff and the care provided had also been received.

Is the service well-led?

Our findings

People told us that they felt the service was well led and managed. One person said, "We hold this home in high regard, we know the manager, we have seen lots of homes and this is definitely the best." Another person said, "They have done wonderfully well here, we feel the service has a good reputation."

There was a registered manager in post who knew the service and the staff well. The registered manager was supported by a deputy manager and senior members of staff. It was clear from our discussions with the registered manager and deputy manager and from our observations that all staff were clear about their roles and responsibilities. The manager had kept their knowledge up to date, for example they were aware of changes to current guidance such as in relation to protecting people's rights.

There was an open and supportive culture in the service. Staff told us that the management team were approachable and supportive. Staff were provided with opportunities to express their views on the service through staff meetings and supervision meetings. Staff reward schemes were in place to support good staff morale and a

feeling of involvement in the service. An action plan was available in response to feedback from staff. This included ensuring that staff had paid breaks and could have a meal while on duty.

People had the opportunity to be involved in the way the service was run. People and their visitors told us that they had opportunity to take part in meetings, express their views and be listened to. Records showed and the chef confirmed that they attended the residents' meeting each quarter, so as to hear people's views and be able to respond to these effectively. We saw that the manager had responded positively to a complaint received from a person using the service by putting in place an additional system to check medication amounts and records daily.

Clear and effective quality assurance systems were in place. We looked at records relating to the systems and found that a range of checks and audits took place within the service. A range of information was reported to the provider each month such as in relation to falls, accidents, weight loss or pressure ulcers. These were then analysed to identify any patterns so that action could be taken for improvement. The provider's representative visited the home each month to check on the safety and quality of the service and to review any actions from previous visits. Required actions were routinely completed to ensure continual improvements to the service for people.