

Lawnbrook Care Home Limited

Lawnbrook Care Home

Inspection report

15 Lawn Road
Southampton
Hampshire
SO17 2EX

Tel: 02380577786

Date of inspection visit:
18 July 2017

Date of publication:
15 August 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced, comprehensive inspection of Lawnbrook Care Home in February 2017. We identified breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that care and support were provided in a safe way; and they had failed to ensure good governance of the service.

Following the inspection, we issued warning notices for the breaches of Regulations 12 and 17. We required the provider to take action to meet these regulations by 30 June 2017. The provider sent us an action plan detailing what they would do to meet the regulations.

We undertook this unannounced, focused, inspection on 18 July 2017 to check the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to the issues cited in the two warning notices. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lawnbrook Care Home on our website at: www.cqc.org.uk.

Lawnbrook Care Home provides accommodation for up to 30 people, including people living with dementia care needs. There were 25 people living at the home when we visited. The home is a large building based on three floors, connected by two stairways and a passenger lift. The bedrooms are all for single occupancy and have en-suite toilets and wash basins. The kitchen and laundry were based on the ground floor, as was a communal lounge/dining room. There were two smaller lounges that people could use on the upper floors of the building.

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

We found improvements had been made to the quality and safety of the service, although further improvement was still required.

There were appropriate arrangements in place for obtaining, storing, administering and disposing of medicines. However, some stock recording errors were found and there was no process in place to ensure topical creams were not used beyond their 'use by' dates.

A new quality assurance system had been developed, based on an extensive range of audits. These were not yet fully effective and needed time to become embedded in practice. For example, they had not identified inconsistencies in the way consent was recorded in care plans. However, they had brought about some improvement; for example, they had led to enhancements to the environment.

A more robust management structure had been created. This allowed the registered manager more time to

assess and monitor the overall running of the service.

Infection control arrangements had been significantly improved. The provider had appropriate policies and procedures in place to help ensure the home remained clean and to reduce the risk of cross infection.

Individual and environmental risks to people were managed effectively. For example, people were protected from the risk of falls, the risk of developing pressure injuries and the risk of malnutrition. Enhanced fire safety procedures were in place and fire safety systems were tested regularly.

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 not always safe.

We found that action had been taken to improve the service. However, topical creams were not managed in a way that ensured their effectiveness and errors were identified in the medicine recording systems.

Infection control procedures helped ensure the home was kept clean and people were protected from the risk of cross infection.

Individual and environmental risks to people were managed effectively.

There were arrangements in place to deal with foreseeable emergencies and fire safety systems were checked regularly.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

We found that action had been taken to improve the service. New quality assurance audits had been introduced; however, these were not always effective and needed time to become embedded in practice.

The audits had not identified all improvements that were needed to medicines management systems, care plans or fluid intake charts. However, they had led to improvements to infection control arrangements and enhancements to the environment.

A robust management structure had been developed. The provider had consulted social care specialists to help improve the quality and safety of the service.

Requires Improvement ●

Lawnbrook 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. The inspection was conducted to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in February 2017 had been made in relation to Regulations 12 and 17 of the Health and Social Care Act 2008. These related to the safe care and treatment of people and good governance. We inspected the service against two of the five questions we ask about services: Is the service safe? and Is the service well-led?

The inspection took place on 18 July 2017 and was unannounced. It was conducted by one inspector. Before the inspection we reviewed notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law. We also reviewed the previous inspection report and two warning notices that had been issued in relation to Regulations 12 and 17 of the Health and Social Care Act 2008.

We spoke with three people living at the home. We also spoke with the registered manager; three care staff, the head housekeeper and a laundry assistant. We looked at care records for three people, together with records relating to the management of the service. These included records of accidents, medication administration records, food and fluid charts and quality assurance audits. We also observed care and support being delivered in communal areas of the home.

Following the inspection we received feedback about the service from a social care professional working for the local authority.

Is the service safe?

Our findings

At our last inspection, in February 2017, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Infection control arrangements were not followed; people's medicines were not always managed safely; individual and environmental risks to people were not always managed effectively. We issued a warning notice and required the provider to make improvements by 31 May 2017.

At this inspection, we found action had been taken and there was no longer a breach of this regulation. However, some further improvement was still required.

There were appropriate arrangements in place for obtaining, storing, administering and disposing of medicines. One person told us, "[Staff] are very good. They bring my medicines for me and I can always get paracetamol if I need it." Another person said, "They [staff] look after all my medicines and I always get them as needed." We saw medicines were administered in a safe way, by staff who were suitably trained and competent. Some people were prescribed anti-coagulant medicines and we saw risk assessments and guidance had been included in their care plans to alert staff to the risks relating to these medicines.

Medicines administration records (MAR) were completed fully. On viewing the MAR charts, no gaps were identified, indicating that people had received their oral medicines when needed. The MAR charts used to record the application of topical creams were also fully completed. However, there was no clear process in place to ensure that topical creams were not used beyond the manufacturers' expiry date. Some containers had the date of opening recorded, but others did not. For one person, two tubs of a particular cream were in use and staff were not able to tell us when these should be discarded. This meant the topical creams being used might not have been fully effective.

We identified errors in the medicine recording systems. Some medicines are subject to additional controls by law. These are called controlled drugs (CDs). When we checked the CD cabinet, one medicine shown as in stock could not be found. Following the inspection, the registered manager conducted an investigation and found that the medicine had been returned to the pharmacy without it being signed out in the CD register. In the medicines trolley, we found a medicine for a person who was no longer at the home. In addition, some hand-written entries on MAR charts had not been checked or counter-signed by a second member of staff to make sure they were correct, as recommended by best practice guidance. The temperature of the fridge used to store medicines that had to be kept at low temperatures was monitored; however, staff did not know how to re-set the thermometer so that the minimum and maximum temperatures could also be monitored. We discussed these issues with the registered manager, who acknowledged that further improvement was needed in the management of medicines.

Significant changes had been made to infection control arrangements in the home. The home was visibly clean and smelt fresh. One person told us, "[Staff] clean my room and keep it tidy. They change my bedding and towels twice a week and do my laundry; it all comes back clean." Another person said, "They [staff] come in twice a day to clean. I was [asked to move out] for a couple of hours while they shampooed the

carpet. They're very thorough."

The laundry room had been re-arranged to reduce the risk of cross contamination between dirty items entering the laundry to clean items leaving it. A wall had been built to separate the laundry entrance from the drinks preparation area and laundry staff were no longer responsible for making drinks for people. This had also reduced the risk of cross infection. Liquid soap and paper towel dispensers had also been installed in people's en-suite bathrooms, so staff could clean their hands properly after supporting people with personal care. Personal protective equipment (PPE) such as disposable gloves and aprons were readily available to staff throughout the home. In addition, staff had received extra training in infection control techniques.

Infection control policies, risk assessments and cleaning schedules had also been developed. Check sheets confirmed that all cleaning had been completed in accordance with the cleaning schedules, together with regular deep-cleans of people's rooms. The registered manager had completed an annual statement of infection control; this had been used to review outbreaks of infection, infection control policies, risks assessment, audits and staff training. There had been no outbreaks of infection since our last inspection.

People were protected from the risk of falls. One person told us, "I feel very safe; I've had no falls since I've been here." New beds had been installed that could be lowered all the way to the floor. These were used for people who were at risk of falling out of bed, so they would not come to harm if they rolled out. People's walking frames and sticks were kept close to them and staff encouraged people to use them correctly. Pressure alert mats were also being used so staff could monitor the movements of people who would be at risk if they mobilised independently. One person said of their pressure mat, "It's so if I get out of bed they [staff] know. [If I stand on it], they always come to help; they're there at the door straight away."

Records were kept of all falls. These showed that the person's falls risk assessment had been reviewed after each fall and additional measures considered to help prevent a reoccurrence. In addition, a 'falls champion' had been appointed to focus on measures that could help prevent people from falling. They, together with the registered manager, analysed and reviewed falls that occurred each month to identify any patterns or trends. This analysis showed the number of falls across the home had decreased since our last inspection.

The risk of people developing pressure injuries was being managed appropriately. The level of people's risk had been assessed using a nationally recognised tool. Where the tool identified that people were at high risk of pressure injury, measures were taken to reduce the level of risk; for example, people were given special pressure-relieving mattresses and cushions which we saw being used.

People were protected from the risk of malnutrition. Staff had introduced a new way of offering meals to people; instead of taking orders the day before, they now showed people two plates of food shortly before the mealtime and invited them to choose. This supported people, including those living with dementia, to make an informed choice and had resulted in people eating more; as a consequence, there had been no recent incidents of people experiencing unplanned weight loss.

There were arrangements in place to deal with foreseeable emergencies. Fire safety arrangements had been improved since the last inspection. A new fire safety risk assessment had been completed; this had identified a range of recommendations which had either already been addressed or were in the process of being addressed by the provider. These included the need for a notice advising people not to use the lift in the event of a fire, which we saw was in place, and the need to remove combustible materials from a store cupboard, which had been completed.

Staff were clear about the action to take in the event of a fire and fire safety equipment was maintained and tested regularly. People had personal emergency evacuation plans (PEEPs) in place. These detailed the specific support each person would need if the building had to be evacuated. Copies were kept in an accessible place, together with other equipment that might be needed in an emergency, such as torches, high visibility jackets and foil blankets. A business continuity plan was also in place and reciprocal arrangements had been made with a nearby home to provide emergency shelter for people if the building had to be evacuated.

Is the service well-led?

Our findings

At our last inspection, in February 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were no effective systems in place to assess, monitor and improve the service. We issued a warning notice and required the provider to make improvements by 30 June 2017.

At this inspection, we found action had been taken and there was no longer a breach of this regulation. However, further improvement was still required.

The provider had introduced new quality assurance processes based on an extensive range of audits conducted by the registered manager, the deputy manager and other senior staff. However, these processes still needed time to become fully embedded in practice as they were not fully effective. For example, a medicines audit had identified gaps in the medication administration records (MAR); these had been brought to the attention of the registered manager who addressed the issue with the staff members concerned. However, the audit had not identified the stock recording errors we found, although these did not have a direct impact on people.

People's care plans were reviewed and evaluated by a senior staff member every month. The reviews had identified some improvements that were needed, such as additional information that needed to be added; but they had not identified discrepancies in one person's care plan around the way consent was recorded. The person had been invited to sign consent forms, even though assessments showed they lacked capacity to do this. This did not have a direct impact on the person as staff had taken, and recorded, best interests decisions on behalf of the person. We discussed this with the registered manager who felt this was due to a misunderstanding of consent issues; they undertook to review the way consent was obtained and recorded in people's care plans.

Improvements had been made to the recording of people's fluid intake and we saw fluid charts had been fully completed by staff. However, audits of these had not identified the lack of a target amount for each person or that the amount people drank in a 24 hour period was not totalled. This meant it was difficult for the provider to assess whether the risk of people becoming dehydrated was being managed effectively by staff. We discussed these issues with the registered manager who took immediate steps to address them.

Other audits had been effective in bringing about improvements in the safety and quality of the service. For example, an infection control audit had identified that the laundry floor was dirty and new waste bins were needed. Our checks confirmed that both of these issues had been addressed. An audit of the dining room identified that new furniture was needed and we saw this had been provided.

Staff supervisions and appraisals were monitored by an administrative assistant. They alerted the registered manager to any supervisions or appraisals that were due. They also monitored staff training and organised refresher training for staff when it was due. This system had proved effective as only one staff member had outstanding training to complete and this was being addressed.

People told us the service was organised and well run. One person said, "I've seen the [registered manager] a few times. [The home] is very efficiently run; everything happens in an organised way and on time. I can't think any improvements that are needed." Another person told us, "Everything works fine; I've no worries or concerns." A social care professional from the local authority told us that during a recent visit, they found the registered manager and deputy manager "were able to evidence the various changes they had implemented" and "have a good vision for the direction of travel of this service".

A more robust management structure had been developed since the last inspection. A deputy manager had been appointed, senior staff had been given enhanced roles and the management team was being supported by an administrative assistant. This allowed the registered manager more time to assess and monitor the overall running of the service.

The provider had commissioned an independent specialist to complete dementia mapping across the home. This is a process designed to assess the needs of people living with dementia and how effectively staff met their needs. The specialist had worked with staff and made a number of recommendations that were being implemented. The provider had also employed the services of a social care consultant to help them improve the quality and safety of the service.

The registered manager had also completed an environmental audit which considered the suitability of the home to support people living with dementia. This had enabled them to apply for, and receive, a grant from a national charity to enhance the building to make it more user-friendly for older people. For example, a sensory room had been created for people to interact with tactile items, pleasant sounds and evocative smells. Brightly coloured plates had been fitted around light switches to help people with limited vision to see them; and toilet doors had been painted bright colours to help people find them, thereby supporting their continence needs.