

Friends of the Elderly

# The Lawn Residential Care Home

## Inspection report

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## Ratings

|                                 |                         |
|---------------------------------|-------------------------|
| Overall rating for this service | Inspected but not rated |
|---------------------------------|-------------------------|

|                           |                                |
|---------------------------|--------------------------------|
| Is the service safe?      | <b>Inspected but not rated</b> |
| Is the service effective? | <b>Inspected but not rated</b> |

# Summary of findings

## Overall summary

### About the service

The Lawn Residential Care Home is a residential care home providing personal care to up to 31 people. The service provides support to both older people and younger adults. People may be living with dementia. At the time of our inspection there were 20 people using the service.

The care home accommodates people across two floors. There are communal facilities for people to socialise and an accessible garden.

### People's experience of using this service and what we found

People told us they were happy living at the home and felt well cared for by staff who understood how to manage risks to them.

The provider and the registered manager had taken actions to ensure people's environment was safe for their use and potential risks to people had been identified and assessed. Measures were in place to manage them.

There had been significant improvements to the safe management of people's medicines. There was still some further work to do. For example, to ensure people's allergies were recorded and protocols for 'as required' medicines were sufficiently detailed.

Staff ensured any potential risks to people associated with their eating and drinking were assessed and managed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 July 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of Regulations 12, 14 and 15.

### Why we inspected

We undertook this targeted inspection to check whether the Warning Notices we previously served in relation to Regulations 12, 14 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. In relation to specific concerns we had about people's safety, medicines management and the safety of the environment. We did not review whether the Warning Notice for Regulation 17 in relation to governance had been met as the provider and the registered manager still have further time to meet the requirements of this regulation. Regulation 17 will be reviewed at the next inspection. The overall rating for the service has not changed following this targeted inspection and remains

requires improvement.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

### **Is the service effective?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

# The Lawn Residential Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 Safe care and treatment, Regulation 14 Meeting nutritional and hydration needs and Regulation 15 Premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by two inspectors, one of whom was a medicines inspector.

#### Service and service type

The Lawn Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Lawn Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered

with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 22 August 2022 and ended on 25 August 2022. We visited the location on 22 August 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people, four staff, the registered manager and the regional director. We reviewed ten people's care records focusing on the assessment of risk. We reviewed records relating to medicines management and the management of the service. We made general observations of interactions between staff and people and reviewed the environment.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated inadequate. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the Warning Notices we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At our last inspection the provider and the registered manager had failed to ensure people were provided with safe care and treatment. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- The provider's fire processes and staff training protected people in the event of a fire. The provider's records of who was accommodated were up to date and accurate. An independent fire safety audit for the home had been conducted in June 2022. People all had an emergency evacuation plan, which outlined any support they required. The provider had arranged for the provision of external storage for people's mobility scooters, to manage the risk of fire. The home environment, including fire escapes was uncluttered, for people's safety.
- The provider has processes to monitor the effectiveness of fire drills and guidance for their homes had recently been updated. The provider had completed a number of fire drills both during the day and at night with all staff, including agency staff, to ensure people could be evacuated, with the number of staff deployed. The provider had identified, a drill in one part of the home had taken longer than the recommended time. The provider has since reviewed the causes and taken relevant action, including the provision of additional training resources and staff training. They will be repeating this drill, to test the effectiveness of the actions taken. Staff spoken with understood what to do if a fire broke out and how to evacuate people in accordance with the provider's evacuation plan.
- Risks to people from the environment had been addressed. People could no longer access a cupboard which contained asbestos, which can cause severe or fatal lung disease. It had been secured for their safety. There was now signage to warn people of the potential risks from a hotplate used to serve people's meals.
- A person who at the last inspection lacked access to their call bell, has since had their capacity to use one assessed. Staff had identified the person's capacity to use a call bell fluctuated, so the person now has a care plan, to guide staff regards the need to regularly monitor them.
- The provider's updated electronic care planning system included all of the risk assessments people might need, including a moving and handling risk assessment. A person confirmed, "Staff are aware of any risks."

People who were assessed as requiring to be transferred with the use of a hoist, had written guidance for staff about the type of sling and the loops to use.

- People had risk assessments in place which were relevant to their assessed risks, to guide and inform staff. These were regularly reviewed and updated.
- The risks to people from pressure ulcers had been assessed. Where people had an air mattress to manage this risk to them, processes were in place to check the mattress setting and functioning daily and this information was recorded.
- The provider had ensured information for staff about how often people should be re-positioned, reflected national guidance. We noted people's re-positioning records did not always demonstrate people had been re-positioned as often as recommended, as staff sometimes recorded this information within the person's daily notes, instead. The registered manager and provider were working with staff on the systematic completion of records on the electronic care planning system.
- Staff had assessed the risks to people from falls. There were clear instructions for staff about where to position people's safety equipment for them. We saw staff had placed a person's sensor mat to the side of their chair. Staff explained this was because the person sometimes got up and turned towards their bed, rather than moving forwards. We spoke with the registered manager, as the care plan needed to reflect this information. Where people were at risk of falls from bed, a risk assessment had been completed, to determine how best to manage this risk. When people fell, records showed relevant observations were completed to monitor their well-being.
- Agency staff now had access to the provider's electronic care planning system, to ensure they could review relevant information about people's safety. An agency staff member confirmed as part of their induction, they had read people's care plans.

At our last inspection the provider and the registered manager had failed to manage the premises safely. This was a breach of Regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15.

- The provider had made arrangements for the Legionella risk assessment for the service to be reviewed, to ensure it was up to date and the previously identified risks and their management were reflected. Legionnaires' disease which is caused by Legionella can cause a serious type of pneumonia.
- The provider had ensured the main lift which was in use by both people and staff had the required safety certificate. The provider was taking the required actions in relation to the building's second lift, before it was returned to use.
- We saw the inner door from the foyer to the home remained shut at all times and when the registered manager was not in their office, this was also locked to ensure there was no unauthorised access. This ensured the building's security for people's safety.
- Measures were in place to ensure people's data was safely secured.

### Using medicines safely

At our last inspection the provider and the registered manager had failed to ensure the safe management of medicines. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of



## Regulation 12.

- The provider had made improvements to ensure people's medicines were stored safely. Blinds had been fitted to help reduce the temperature in the medicines room. Processes were in place to ensure the temperature of the medicines room and the fridge where medicines were stored were monitored daily. We found staff had failed to report the fridge temperature had exceeded the recommended temperature for 14 days in August. We raised this with the registered manager who took relevant actions and replaced the thermometer.
- Most, but not all medicines people took 'as required' (PRN) had a protocol to guide staff. The protocols were not sufficiently detailed for staff to support people they did not know well. There was also a lack of recording within people's medicine administration records (MARs) as to the reason they had been administered these medicines and the outcome.
- The provider had made significant improvements to medicines security. Processes, equipment and procedures had been reviewed and improved. There were tighter controls on stocks of medicines. Staff kept a record of the running balances of medicines and there were weekly stock checks. People's preparations used to thicken their drinks where they had swallowing difficulties were stored within locked drawers. However, we identified one drawer was unlocked.
- The registered manager had requested the supplying pharmacy add details of people's allergies to their MARs, but this had not yet been completed for people's safety. They had also contacted the pharmacist from the local Integrated Care Board who had completed an external audit.
- Staff had access to the provider's medicines policies. The provider's expectations of different staff roles in relations to medicines management were clear. Staff's competency to administer people's medicines had been assessed.
- People's medicine records had improved. When people's MARs needed to be amended, there was a second staff signature for safety. However, there was not always a second staff signature or a reason when a medicine had been stopped, as per good practice guidance.
- Staff had completed only one medicines audit since the last inspection, but this had been completed thoroughly. Staff had identified issues from their audit and actions were in place.
- Senior management had improved oversight of medicines management, through weekly calls and a sharing of audits, incident reports with the provider's quality team. There was evidence medicines incidents and improvements had been discussed with staff at team meetings.

## Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People were able to receive their visitors as they wished in accordance with government guidance.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the effective key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the Warning Notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider and the registered manager had failed to identify and manage potential risks related to people's nutritional and hydration needs. This was a breach of Regulation 14(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the service was no longer in breach of Regulation 14.

- People had an eating and drinking support plan to instruct staff about their needs and the management of any potential risks. The provider's upgraded electronic care planning system included a choking risk assessment, and this had been completed for each person.
- Speech and language therapist's (SALT) guidance about how to meet people's eating and drinking needs was included within people's care plans to guide and inform staff.
- Relevant staff had completed training in the International Dysphagia Diet Standardisation Initiative (IDDSI) and were able to demonstrate their knowledge. IDDSI provides a consistent framework to describe food textures and the thickness of drinks. A staff member told us they were now, 'more confident in your skills and knowledge across the team'. There was written guidance available to both kitchen staff and those serving meals about people's IDDSI requirements. The chef labelled meals with the IDDSI level to ensure staff knew what they were about to serve people was the correct consistency for them.
- People's IDDSI levels were referenced within their care plans. We noted a discrepancy in one person's records, between the IDDSI level recorded in their care plan and the one in their daily records. We spoke to the registered manager, who advised this was a records error which they immediately corrected. We were assured from the person's daily records they had received the correct consistency of meal for their needs. However, this error had not been identified through the provider's monitoring. They were aware of the need to review these records.
- People were all assessed for the risks of malnutrition using a recognised screening tool. Where people were found to be at risk of malnutrition, relevant actions had been taken to manage this risk to them. Staff described to us how people's meals were fortified, and advice had been sought where required.
- Risks to people from dehydration had been assessed and where people were at risk there was written

guidance for staff. People's care plans reminded staff to prompt people with their fluid intake. Staff told us they monitored both people's fluid intake and when they declined fluids, which records confirmed, to ensure any required actions were taken.