

The Lawns Limited

The Lawns

Inspection report

The Lawns, 346 Bristol Road
Quedgeley
Gloucester
Gloucestershire
GL2 4QW

Tel: 01452721345

Website: www.thelawns.org.uk

Date of inspection visit:

04 October 2018

05 October 2018

Date of publication:

25 October 2018

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?	Requires Improvement ●

Summary of findings

Overall summary

The Lawns is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 27 people of various ages living at The Lawns with multiple complex physical and health conditions. People either lived in the main house or adjoining wing or annexe.

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. At this inspection we found the service remained Good.

Why the service is rated Good:

Feedback from people and their relatives was overwhelmingly positive. They complimented the caring nature of staff and felt that the service was well-led. They praised the approach of staff and stated that they felt their relatives were safe living at The Lawns. The registered managers, values and vision were embedded into the care practices of staff.

People's needs had been assessed and their support requirements were recorded in detail to provide staff with the guidance they needed to support people. People were supported to have maximum choice and control of their lives. Effective systems were in place to manage people's medicines so that they received them safely and on time. People were supported to access health care services and to maintain a healthy lifestyle. The home had been accredited for the quality of their end of life care.

Sufficient numbers of staff were available to ensure people's safety and well-being. New staff were suitably vetted and trained before they supported people. Staff had a good understanding of people's needs and had been trained to carry out their role. Staff told us they felt supported and trained and had access to the information they needed to support people. They understood their responsibility to report concerns and poor practices.

The registered manager worked alongside staff which enabled them to have a good understanding of people's current needs. An established staff team knew people well and could tell us about people's support requirements and their backgrounds. People's records were detailed, however some old information in the care plans may cause confusion and put people at risk. We were assured that plans were in place to review people's care records and to also add more detail about the outcome of people's assessments, consent to care and personal histories. We have made a recommendation about the management of people's care records.

Systems were in place to identify shortfalls in the service and drive improvement. People and their relative's views were valued and acted if any concerns had been identified.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Requires Improvement ●

The service has deteriorated to Requires Improvement.

The management of people's care records had not always been robust to ensure staff could easily access to current information about people's needs.

The home had a long established registered manager and staff team. They were passionate about improving the quality of care people received. Systems were in place to review and monitor the service being delivered.

People and their relatives told us the registered manager and staff were approachable. They valued people's feedback and acted upon any concerns.

The Lawns

Detailed findings

Background to this inspection

The Lawns is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 27 people of various ages living at The Lawns with multiple complex physical and health conditions. People either lived in the main house or adjoining wing or annexe.

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. At this inspection we found the service remained Good.

Why the service is rated Good:

Feedback from people and their relatives was overwhelmingly positive. They complimented the caring nature of staff and felt that the service was well-led. They praised the approach of staff and stated that they felt their relatives were safe living at The Lawns. The registered managers, values and vision were embedded into the care practices of staff.

People's needs had been assessed and their support requirements were recorded in detail to provide staff with the guidance they needed to support people. People were supported to have maximum choice and control of their lives. Effective systems were in place to manage people's medicines so that they received them safely and on time. People were supported to access health care services and to maintain a healthy lifestyle. The home had been accredited for the quality of their end of life care.

Sufficient numbers of staff were available to ensure people's safety and well-being. New staff were suitably vetted and trained before they supported people. Staff had a good understanding of people's needs and had been trained to carry out their role. Staff told us they felt supported and trained and had access to the information they needed to support people. They understood their responsibility to report concerns and poor practices.

The registered manager worked alongside staff which enabled them to have a good understanding of people's current needs. An established staff team knew people well and could tell us about people's support requirements and their backgrounds. People's records were detailed, however some old information in the care plans may cause confusion and put people at risk. However, we were assured that plans were in place to review people's care records and to also add more detail about the outcome of people's assessments, consent to care and personal histories.

Systems were in place to identify shortfalls in the service and drive improvement. People and their relative's views were valued and acted if any concerns had been identified.

Further information is in the detailed findings below.

Is the service safe?

Our findings

At our last inspection in October 2015, we rated this domain as Good. At this inspection we continued to find that people remained safe and were protected from abuse and avoidable harm.

People and their relatives felt The Lawns was a safe and comfortable place to live. One relative said, "We really appreciate the care he receives. It is not just physical care but emotional care that keeps him happy. I would know if he was not happy here." Staff had received safeguarding training and were clear of their responsibilities to report any suspicions of abuse and whistle-blow if they had any concerns about quality of care being provided. One staff member said, "We have zero tolerance of poor practices here." Staff were knowledgeable about where and who they would report their concerns to. Safeguarding procedures and policies were available to provide staff with guidance.

The people who lived at The Lawns had a diverse range of physical and emotional support needs. People received the support they required to ensure they remained safe and their personal risks were minimised. Their risks had been assessed in line with current practices and were being managed well by staff who were informed of their latest support needs through comprehensive handover systems. For example, risk management and support plans were in place for those people who needed food and fluids via Percutaneous Endoscopic Gastrostomy (PEG tube) and for those people who needed support with their diabetes and epilepsy. Records showed that staff had worked closely with specialist health care professionals if there was a change in people's needs. For example, staff had sought advice from a tissue viability nurses as staff had identified that one person's skin had become red due to excessive moisture. We found that information and recommendations from the health care professionals were recorded and followed by staff. Health care professionals complimented the service for their management of people's risks and told us they contacted them when people's risks and needs had changed for advice and support. Relatives told us they were always informed of any changes in people's well-being and involved in a decision making. People had fire evacuation plans and details of people's moving and handling requirements and associated equipment to ensure staff safely moved people.

Staff at The Lawns were proactive in driving improvement and were willing to reflect and learn when things went wrong. The registered manager provided examples of carrying out root cause analysis and their learnings when people's health had unexpectedly deteriorated in the home. Accidents and incidents were reported and recorded. Actions were taken by staff to help reduce further occurrences and the reports were analysed to look for any patterns or common factors.

People were supported by suitable numbers of staff to ensure they remained safe at all times. Staff carried out additional shifts when required which prevented people being cared for by agency staff who may not be familiar with their needs. Night staff had access to an on-call nurse who provided additional advice and support if concerns arose during the night.

People were protected from those who may be unsuitable to care for them because appropriate checks were carried out on staff before they started work. Staff recruitment records showed that relevant checks

had been completed before staff worked unsupervised. Where there had been any discrepancies or gaps in staff's employment history, this had been discussed at interview but not always recorded. The registered manager said this would be added to interview questions to ensure that all future conversations around staff employment histories were recorded. This would ensure there was a comprehensive record of people's employment history and character. New staff carried out a 'trial shift' under the supervision of the registered manager. The registered manager told us they used this opportunity to assess the staff's character and receive feedback from people in the home before they were offered a position at The Lawns.

People's medicines were managed according to their needs. Systems were in place to manage and store people's medicines and dispose of any unwanted medicines safely. Staff knew how people preferred to take their medicines. For example, several people preferred to take their medicines with fromage frais or juice. Protocols were in place for medicines and creams to be used as required. Staff who administered people's medicines had been trained to do so. Any medicine errors found were immediately investigated and addressed. The registered manager explained that they had a good relationship with their GP and pharmacists who were both responsive if staff had any medicine related concerns.

The home was clean and free from offensive odours. Staff had the equipment they needed to help prevent and control infections. Signs around the home helped to prompt staff of their need to retain high infection control standards, especially if people needed to be barrier nursed. The expected standards of infection control practices were also reinforced through handover. People and their relatives had no concerns about the cleanliness of the home. The registered manager explained that plans were in place to update the home to help eliminate the risks of infection and ensure that the cleaning process were effective.

Is the service effective?

Our findings

At our last inspection in October 2015, we rated this domain as Good. At this inspection we continued to find that people received effective care from staff who had been trained to carry out their role.

People received a comprehensive assessment of their needs by the home to ensure they could meet their needs and support requirements. Care and treatment was delivered in line with current legislation and practices. The home had recently been accredited by the Gold Standard Framework (GSF). GSF is a systematic, evidence based approach to optimising care for all patients approaching the end of life, delivered by generalist frontline care providers.

Staff worked with health care services to help prevent unnecessary hospital admissions. They had a good relationship with the local rapid response team who provided a multi-disciplinary team service for those experiencing an acute episode of illness or injury to help prevent unnecessary hospital admissions. Records showed that people were supported to have access to healthcare professionals such as their GP, dentist and chiropody to maintain their physical well-being as well as specialist services such as physiotherapy and counselling sessions. When required, people were supported by staff to attend their appointments and help them understand the outcome of people's appointment and assessments. The outcome and recommendations from the health care appointments were recorded and informed people's care plans. Relatives confirmed that they were always informed by staff if there were any changes in people's well-being or there had been any incidents relating to their relative. Some people had a 'hospital passport' which were given to hospital staff if they required hospital admission or a service. The passport provided hospital staff with important information about the person including their medical, communication, interests and personal support needs.

Staff told us they felt fully trained and supported to carry out their role and to provide effective care to people. Staffs knowledge and understanding of people's needs were assessed and discussed with them during their internal professional review (IPR) meetings. Staff were also required to take additional competency assessments in areas such as medicines management and PEG management according to their role. This ensured that staff remained competent in their knowledge and understanding of health and social care standards. People and other staff were asked to comment on the skills, approach and knowledge of staff as part of their IPR. The registered manager explained, "Our approach to the IPRs empowers people and they can feedback about their experiences of each staff member."

The on-going training of staff was influenced by staff requests. The home held mandatory away days for staff to attend which focused on subjects which had been requested by staff such as supporting people with an acquired brain injury. Staff were encouraged to undertake additional health and social care qualifications and nurses were supported to revalidate their registration with the Nursing and Midwifery Council. People, their relatives and health care professionals reported that they felt the staff were trained to provide effective care to people with a wide range of needs. The registered manager had invested time into evaluating and enhancing the format of how they reviewed staff's performance to assist staff in reflecting on their achievements, knowledge and future training. Most staff felt that the format of the supervision was effective.

People were supported to maintain a well-balanced diet and were encouraged to make healthy snack choices. People's specialist dietary needs and personal requests were catered for and known by the kitchen staff. The home's chef was able to describe people's dietary requirements and preferences. People's swallowing difficulties and risks of choking were closely monitored by staff. Records showed that people had been referred to the speech and language therapy team for additional advice when people's risks of choking and aspiration had increased. People told us they enjoyed the food and they had access to drinks throughout the day. We received comments such as "It's (meals) different every day"; "There's always plenty, sometimes even too much" and "The jug gets topped up regularly and gets thrown away if it's not drunk during the day." The kitchen had recently been awarded a five-star food hygiene rating by the Food standards Agency.

People had been involved in decisions about the decoration of their bedroom. Where possible the provider had been responsive in adapting the home such as being wheelchair accessible within the constraints of the building. An accessible day centre had been built on site which was used by many people who lived at The Lawns as well as people from the local community. This allowed people to socialise and carry out activities in a different area.

Most people at The Lawns had the mental capacity to be involved in decisions about their care and support including day to day choices and decisions about their medical treatment and support. Mental capacity assessments had been completed and best interest meetings had been held to determine the best outcome for people who were assessed as not having the capacity to make significant decisions about their care. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The home had an open-door policy which mean that people were free to leave the home if they wished, therefore nobody liberty was being restricted.

Is the service caring?

Our findings

At our last inspection in October 2015, we rated this domain as Good. At this inspection we continued to find that people were treated with kindness and compassion.

The response from people and their relatives and feedback from health care professionals about the caring nature of staff was overwhelmingly positive. People and their relatives praised the staff. We received comments from relatives such as "I think he is the happiest he has been in a long time here" and "Most definitely this is caring home. I would say very caring." One health care professional wrote to us and said, "I have always found The Lawns to be a caring home. I often think of them if we have a client that might need a little more care than the normal."

Some people were unable to verbally express their views about living at The Lawns, however we observed positive and genuine interactions between staff and people. People appeared relaxed and comfortable around staff who knew their individual needs well. Staff adapted their communication and approach according to people's communication abilities and skills. We observed staff speaking kindly and respectfully to people. Staff respectfully and appropriately listened to people and reassured them when they became upset or unable to clearly communicate their needs. They used effective and appropriate communication to offer people choices and try to understand their requests. Information in different accessible formats was available to help them understand their rights and support available to them.

Staff empowered people to be involved in decisions about their care, support and running of the home. People were given opportunities to express their views and opinions through meetings and one to one conversations with people. Throughout our inspection, we observed a lot of positive and caring interactions between people and staff. It was clear that staff knew people well and could speak to them about their families and backgrounds. Staff were attentive to people's needs and enquired about their comfort and asked if they required any help or a drink.

People were provided with opportunities for them to progress in their levels of independence. For example, providing people with specialised crockery to enable them to eat independently. Staff supported people to move around the home at their own pace and in a safe manner. They recognised when people became tired and needed to rest in their bedrooms. People's rights to privacy and dignity was respected and promoted. One person I spoke to said, "I get help with my shower twice a week. They are very respectful and allow me to keep my dignity and privacy. I am independent with my washing and dressing. I am very much involved with my Care Plan and I know who and how to complain."

Staff were compassionate about the people they cared for and felt that people were well cared for. They said comments such as "People receive good quality care here. We do our best each day. I would put a relative of mine here if they needed a care home"; "We are here to make people's life much richer" and "We are a family at The lawns. It is a really positive atmosphere here. I would move in if I needed to go into a care home."

The atmosphere in the home was warm and friendly. People's bedrooms had been personalised and decorated to their own individual tastes. Where known, people's cultural and religious needs were supported. One staff member said, "We have a church service twice a month which is fairly well attended." Some people attended the onsite day centre. They told us they enjoyed attending the centre. It is nice and bright." It gets you out of your room" and "it's a nice to know you're with other people, like yourself. I enjoy the company."

The home engaged with the local community, schools and churches and invited people from the community to visit the home. Children from the local nursery frequently visited the home which promoted a positive well-being amongst people. The home has improved their links with local charities for example raising awareness of childhood bereavement.

Is the service responsive?

Our findings

At our last inspection in October 2015, we rated this domain as Good. At this inspection we continued to find that staff had been responsive to people's changing needs and concerns.

The Lawns has recently been accredited by the Gold Standard Framework (GSF) for end of life care. Staff had worked hard at evaluating and improving its end of life care standards and practices as well as the training staff in the accredited practices. The home had demonstrated good leadership, symptom control, reduced hospital admission and had collaborated with the GP and other health care professionals when supporting people in the final stages of their life. The registered manager stated they were passionate about improving the quality of lives for people at the end of their life as well bringing in the community and supporting visitors and relatives. Staff took time to evaluate the care being provided to the people and carry out some reflective learning and identify areas of improvement. As part of the GSF, relatives were asked to feedback to the home about their experiences of their relatives end of life care. Their written comments included statements such as "Couldn't ask for more support", "Mum's wish was to die at The Lawns which she regarded as her home, and she died there quietly, peacefully, and pain free just as she said she wanted" and "Highly recommendable for care and no concern from staff."

People were encouraged to complete advanced care plans and there was evidence that people's end of life care plans, personal wishes and symptom management and best interest decisions in relations to people end of life care were recorded and regularly reviewed. Staff supported people with their end of life care wishes and funeral plans when family were not available to support them and staff attended people's funerals. Staff worked hard to ensure people's end of life wishes and requests were achieved. For example, staff helped people to celebrate and organise birthday parties. People had also been supported to attend music concerts and trips out. Where people could not attend activities in the community, staff had arranged for activities to come to the home such as birds of prey, gospel choir and staff had requested football memorabilia from one person's favourite football team. Staff had supported people to reconnect with family members who they had not seen for many years.

People were helped to make memory boxes and collect and talk about personal and significant memorable items/events and photographs. The boxes were used to help elevate people's emotions if they were feeling low or distressed. With the permission of the person, these boxes were then given to their family after the person passed away.

People at The Lawns received care which was personalised and focused on their individual needs. The care and support that they received had been assessed and was tailored to their needs. Some people had complex physical needs which needed to be consistently monitored such as pressure care and nutritional risks. Their care plans provided staff with the guidance they needed to support people and monitor their risks. The PIR stated "We want clients to live full and meaningful lives and, so we encourage positive risk taking."

People were supported by staff to maintain their personal relationships with people who were important to

them. Relatives told us they could visit the home at any time. Care plans identified people's individual communication needs and identified how these needs were met in line with the Accessible Information Standard (AIS). AIS sets out a specific, consistent approach to identify, record, flag, share and meet the information and communication support needs of people with a disability, impairment or sensory loss. The service was committed to ensure people were treated equally and their views were valued and acted on.

People enjoyed a range of activities in the home and in the onsite day centre such as crafts, music and exercise. Staff held regular events such as BBQs, social evenings and trips out. The home had good links with the local children's nursery, groups and the church from the local area.

Staff routinely listened to people comments about the service they received. People and their relatives told us any concerns about people's care was always immediately addressed by staff. Relatives told us they were confident that any complaints would be taken seriously and immediately addressed. The provider had a complaints procedure which was displayed in the home and was accessible to people and their families. Records showed that complaints had been investigated and acted on in accordance to the policy. The registered manager told us "We use any complaints as a source of learning to help improve the quality of care we provide."

Is the service well-led?

Our findings

At our last inspection in October 2015, we rated this domain as Good. At this inspection we found that improvement was needed to the management of people's care records and therefore the rating of this domain has changed to Requires Improvement

People received appropriate care and treatment according to their physical, clinical and emotional needs. An established and committed staff team ensured that the registered manager and staff team had a clear understanding of people's needs and how they should be supported. However, the management of people's care records had not always been effective which may put people at risk of not receiving the appropriate care. For example, people's care records held the information that staff needed to support people and were regularly reviewed, however they contained a lot of old information and assessments which may cause staff some confusion. For example, old copies of the wound management plan for one person was held in their file and therefore it was not clear which was the current plan that staff should refer to. Records showed that people's mental capacity and risks associated with their care were being assessed using national standardised tools however the detail and outcomes of the assessments were not always clear or informed their care plans. Whilst staff knew about people's backgrounds and family histories, this information was not always clearly recorded in people's records. However, whilst we found some concerns about people's care records, we found no impact on people as they were supported by a consistent staff team who knew them well. There was a robust communication and handover system in place to ensure current and essential information about people was communicated between staff.

We discussed our concerns with the registered manager who acknowledged our comments and explained that plans were in place to review the format of people's care plans and implement a personal history/relationship tree to capture important information about people.

We recommend that the service seeks guidance from a reputable source in relation to the management of people's care records.

The registered manager had been in post for many years. 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 told us they kept up to date by subscribing to various health and social care websites which kept them informed of any changes of legislation and guidance.

The registered manager was involved in the delivery of care to people which gave them an insight into people's needs and the quality of care being delivered. They frequently worked alongside staff and carried out spot checks to observe the conduct of staff and assess their skills and competencies when caring for people. It was evident that both the staff and the registered manager had strong values and were fully committed to ensuring people received the best possible care in a safe and caring environment. Relatives, staff, stakeholders and health care professionals felt the service was well-led and had a positive and

progressive culture. One health care professional wrote to us and said, "(The registered manager) takes a hands-on approach to managing the care home and makes sure she is aware of everything that is happening with regards to resident care." Staff praised the leadership of the home and the support they received. One staff member said, "We have a strong leader. She has a good understanding of the service and what we need to do to stay current." Another staff member described the registered managers as 'Very hands on' and 'Her positive approach is infectious which can only be a good thing'. The registered manager explained that they were very proud of staff in achieving the Gold Standards Framework and congratulated them on their hard work.

Records showed that regular checks were carried out to ensure the building and equipment associated with people's care were maintained and serviced. The registered manager recognised that some parts of the home required attention to help mitigate potential infection control risks and told us this was part of the home's action plan for the forth coming year.