

Lawton Rise Care Home Limited

Lawton Rise Care Home

Inspection report

Heathside Lane
Goldenhill
Stoke On Trent
Staffordshire
ST6 5QS

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Lawton Rise accommodates 62 people living with dementia across four separate units, each of which have separate adapted facilities. At the time of the inspection 55 people were using the service

People's experience of using this service:

At the last inspection in December 2017, the service was rated as Requires Improvement overall, with breaches of the regulations in relation to staffing. The provider wrote to us to tell what action they would take to comply with these regulations. At this inspection, we found that the provider had made considerable improvements and there were no longer breaches of the regulations. The home had improved and is now rated as Good.

People's care was not always responsive to their needs. One person did not always receive the support they needed and improvements were needed to support people living with dementia. People had the opportunity to participate in activities they enjoyed. There was a complaints procedure in place.

The care people received was safe. Individual risks were considered. Safeguarding procedures were in place. Medicines were managed in a safe way. There were enough staff available for people. Infection control procedures were implemented. Lessons were learnt when things went wrong in the home.

The care that people received was effective. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received an induction and training that helped support people. People received support from health professional when needed. People enjoyed the food and were offered a choice. The environment was adapted to meet people's needs.

People and relatives were happy with the staff and supported in a kind and caring way. People were offered choices, remained independent and their privacy and dignity was maintained.

There were audits in place which were effective in continually developing the quality of the care that was provided to them. There were systems in place to ensure staff, people and relatives could give feedback on the service.

More information is in the full report.

Rating at last inspection:

Requires Improvement (Last report 13 December 2017). We issued a Warning Notice in relation to Regulation 18 of the Health and Social Care Act (Regulated Activities) regulations 2014.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. However, we had received information of concerns about the service.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive
Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led
Details are in our Well-Led findings below.

Good ●

Lawton Rise 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection visit took place on 26 February 2019 and was unannounced. The inspection visit was carried out by three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Lawton Rise Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

This inspection was unannounced.

What we did:

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service. A notification is information about events that by law the registered persons should tell us about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Prior to our inspection we received information of concern from members of the public. We also reviewed the quality monitoring report completed by the local authority. We used all this information to formulate our

inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. During our inspection we spoke with eleven people who used the service, four relatives, seven members of care staff, the activities coordinator and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for twelve people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and staff recruitment.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- At our last inspection we found there were insufficient numbers of staff available to meet people's needs and reduce risks of harm. We issued a Warning Notice in relation to Regulation 18 of the Health and Social Care Act (Regulated Activities) regulations 2014. At this inspection we found the provider had made the necessary improvements.
- Since our last inspection the registered manager told us there had been an increase in staffing. There were additional staff in each unit allocated to provide one to one support.
- We saw there were enough staff available for people and they did not have to wait for support. People and relatives told us staffing had improved since the last inspection. One person said, "There are usually enough staff about."
- Staff were available in communal areas for people. When people were in their bedrooms and pressed their alarms for assistance, we saw these were responded to in a timely manner.
- The provider had a system in place to ensure there were enough staff in the home.
- We looked at three care staff recruitment files and saw pre-employment checks were completed before the staff could start working in the home. We also looked at two nurse files and saw there was a system in place to ensure nurse's registrations were valid and in date This demonstrated the provider ensured staffs' suitability to work with people within the home.

Using medicines safely

- At our last inspection we found people's medicines were not always managed and administered safely. This was a breach Regulation 12 of the Health and Social Care Act (Regulated Activities) regulations 2014. At this inspection we found the provider had made the necessary improvements.
- When people received medicines on an as required basis we saw there was guidance in place for staff to follow. We saw staff checking with people if they required any pain relief and offering them their prescribed 'as required' medicines.
- The provider had introduced a system to ensure stock levels were correct. When a medicine was administered the number of tablets in stock was documented on the medicine administration record (MAR) to show the correct amount was available.
- People were happy with how they received their medicines. One person said, "The nurses never forget me and they are always on time, usually with my breakfast."
- We saw there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

Assessing risk, safety monitoring and management

- Risks to people were managed to ensure they were safe. One person said, "I do feel safe here because

there are staff around to help me if I need anything."

- We saw when people needed specialist equipment it was provided for them. For example, some people needed to be seated on pressure cushions or have specialist mattresses on their beds to support them with pressure relief. We saw this equipment was used within the home in line with people's risk assessments.
- The home was using other equipment to support people to transfer this included hoists and standing aids. We saw staff supporting people to use this during our inspection. Staff again supported people safely and in line with information that was recorded in their care plans and risk assessments. Records we looked at confirmed this equipment was maintained and tested to ensure it was safe to use.
- Other risks to people were considered, monitored and reviewed. For example, when people had behaviours that may challenge or when they were at risk of falls.
- We saw plans were in place to respond to emergency situations. These plans included guidance and support should people need to be evacuated from the home. The information recorded in these plans was specific to individual's needs and risks. Staff we spoke with were aware of these plans and the levels of support people would need in this situation.

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm. We saw when needed concerns had been raised appropriately by the provider and in line with these procedures to ensure people were protected from potential harm.
- Staff knew how to recognise and report potential abuse. One member of staff told us, "It is ensuring everyone is safe and protected from any risk or changes." Another staff member said, "I would report my concerns to the manager, I know how to report outside the home if I needed to."

Preventing and controlling infection

- There were infection control procedures in place and these were followed.
- We saw staff used personal protective equipment such as gloves and aprons when needed. Staff confirmed this was freely available to them.
- The provider also completed an audit in relation to infection control, the last audit identified compliance in this area.
- The environment was clean, maintained and free from infection.

Learning lessons when things go wrong

- Lessons were learnt from when things went wrong and actions taken to reduce the risk. The provider recorded when incidents had occurred in the home, the action they had taken and any learning from this. They also documented how this had been shared with staff and how it could be completed differently if this reoccurred.

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

People's outcomes were consistently good, and people's feedback confirmed this. Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At our last inspection we found the provider was not following the principles of the MCA and ensuring that when people lacked the mental capacity to agree to their care they were supported to do so in their best interests.
- We found when needed capacity assessment were in place for people and decisions had been made in people's best interests.
- The provider had considered when people were being unlawfully restricted and DoLS applications to the local authority had been made. When people were being restricted the provider had considered how people could be supported in the least restrictive way.
- When DoLS authorisations were in place we saw conditions on these were being met by the home.
- Staff we spoke with demonstrated an understanding of MCA and how to offer support to people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were met in line with national guidance and best practice. People's care plans contained information to support their health conditions and specific behaviours they may display.

Staff support: induction, training, skills and experience

- Staff received an induction and training that helped them to support people. Staff who had recently started working in the home told us they received an induction.
- People and relatives felt staff had the skills to support people. Staff told us the training they received was good. One staff member said, "Yes we do a lot of training and refreshers". This demonstrated staff were supported to receive an induction and training relevant to meeting people's needs.

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

- People enjoyed the food and were offered a choice. One person said, "I enjoy what's on offer there is always something that I like".
- At breakfast and lunchtime, we saw people were offered a choice and had a range of different meals.
- Throughout the day people had cold drinks available to them and hot drinks and snacks were offered. At mealtimes we saw people received support from staff as needed. Records we looked at included an assessment of people's nutritional risks. When people needed specialist diets such as for diabetes or a soft diet we saw this was provided for people in line with recommendations.

Supporting people to live healthier lives, access healthcare services and support and providing consistent care across organisations

- People had access to healthcare professionals when needed and their health was monitored within the home. One relative told us, "The nurses are very good and quick to recognise any concerns with health, they get the necessary help they need straight away."
- We saw documented in people's notes and the provider confirmed that the GP and other professionals visited the home when needed.
- Records we looked at included an assessment of people's health risks. We saw when risks had been identified people's health was monitored. For example, when people were nutritionally at risk and fluids and food needed to be monitored.
- When needed we saw referrals had been made to health professionals; for example, we saw referrals to community psychiatric nurse and speech and language therapists.
- During our inspection we spoke with a health professional who raised no concerns.

Adapting service, design, decoration to meet people's needs

- At our last inspection we felt the service would benefit from being adapted to meet the needs of people living with dementia to support them to orientate to time and place and offer stimulation.
- At this inspection we saw signage had been introduced within the home for key areas such as the bathrooms.
- The home was decorated and adapted in accordance with people's choices and needs.
- People had their own belongings in their bedrooms.
- There was a garden area and during our inspection we saw people had access to this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and relatives told us they were happy with the staff that supported them. One person said, "The carers here are wonderful, they are so friendly and kind." Another person told us, "They are all so thoughtful and considerate as they always ask before doing anything." A relative commented, "I don't have any complaints about the staff, they are all very nice."
- We saw people were supported in a kind and caring way. For example, when people were in uncomfortable positions staff were available and noticed this. They then offered people changes of positions or used cushions to make them more comfortable.
- The atmosphere in the home was friendly and relaxed and staff were chatting and joking with people throughout our inspection

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make choices about their daily routine.
- Staff told us and people confirmed they encouraged people to make daily choices, including what clothes to wear and if they would like a shower or a bath. We saw people were offered choices throughout our inspection including which lounge they would like to sit in, if they would like to remain in their bedrooms and what activities they would like to participate in.
- The care plans we looked at considered people's choices and preferences throughout and staff provided support as needed.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent. Staff gave examples of how they encouraged people to remain independent. This included giving people minimal support with personal care.
- We saw the care plans in place reflected the levels of support people required.
- People's privacy and dignity was promoted. One person told us, "They do have full respect for my dignity and privacy."
- Staff gave examples of how they promoted people's privacy and dignity and treated people with respect. One staff member said, "We always knock the door before entering and make sure the bathroom door is closed."
- Records we looked at considered how people's privacy and dignity could be upheld.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care was not always responsive to their needs. For example, we saw one person was not offered a drink with their breakfast, staff had not communicated this to each other. We raised this later with staff who then offered the person a drink.
- Although the registered manager told us that information would be available for people in different format should they need it we did not see this was always used or implemented during our inspection.
- Since our last inspection the provided had introduced signage in the home to support people living with dementia however, further requirements were needed. We saw there were pictorial menus in place at mealtimes however these remain on the side and we did not see staff using these to help people make choices.
- The registered manager told us people's cultural and religious needs were considered as part of the assessment process, no one was currently being supported with any specific needs.
- Staff knew people well and knew their needs and preferences.
- People had care plans which were personalised, reviewed and updated.
- Staff had the opportunity to attend handovers and 'flash' meetings at each shift where they could share information and changes about people.
- People had the opportunity to participate in activities they enjoyed. There were activity coordinators in post and available for people during our inspection.
- During the morning of our inspection we saw various activities were taking place, including a music session and an exercise activity.
- One person said, "There is plenty going on if you want to join in. Some of the things I like more than others, most of the activities get a good turnout so that's great."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place.
- People and relatives knew how to complain. One person said, "I speak with whoever I think can sort the problem best." Relatives confirmed they would know how to raise a formal complaint.
- We saw when complaints had been made, these were documented, investigated and responded to in line with the procedures in place.

End of life care and support

- When people were being supported with end of life care there were plans in place. These plans were individual to people's needs and choices.

When needed people had information regarding whether they wished to be resituated or not and medicines known as 'anticipatory', were prescribed for people to receive when they needed them.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At our last inspection people had not always been consulted with about changes to their care routines. Some relatives and some staff felt that the manager was not approachable.
- At this inspection although we received mixed view, before and during the inspection, from people and relatives, on the management of the home, the provider offered us the assurances processes were in place to ensure the managers were available and concerns could be raised.
- The provider sought the opinions of people who lived in the home and their relatives. This was through meetings and satisfaction surveys.
- People and relatives had the opportunity to attend meetings [forums] to discuss and share any concerns.
- The provider had introduced a 'you said' 'we did' to show action they had taken when areas of improvement had been identified. This was displayed in communal areas.

Continuous learning and improving care

- Quality checks were completed within the home. These included monitoring of medicines, health and safety and the monitoring of complaints.
- We saw when areas of improvement had been identified the necessary action had been taken.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, relatives and staff spoke positively about the home and the support they received.
- One person said, "Anything I want I ask the carers about and they sort it out." A relative told us, "Overall as a family we are all really pleased with the care here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Staff felt supported and listened to by the registered manager. They had the opportunity to raise concerns by attending team meetings and individual supervisions.
- All staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
- The rating from the previous inspection was displayed in the home in line with our requirements.

Working in partnership with others

- There were good relationships with local health and social care professionals, a visiting health professional raised no concerns.