Friends of the Elderly

The Lawn Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Lawn Residential Care Home provides personal care and accommodation for up to 31 older people. The service does not provide nursing care. At the time of the inspection there were 31 people accommodated.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the rating of good overall, however we have revised the rating for the safe domain to requires improvement, as staffing and records require improvement. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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At this inspection we found the service overall remained good.

There were sufficient staff rostered. However, there had been issues with high levels of staff sickness which were being addressed for people. Action had been taken to fill staff vacancies and to increase senior staff presence at the weekends. Not all people's written care plans had been reviewed monthly as required by the provider. The registered manager was aware and had taken relevant action. Following the inspection, the provider submitted evidence which demonstrated this work had now been completed, but it still needs to be sustained over time.

Risks to people had been identified and managed safely. People's health, dietary and fluid needs were identified and met. Processes were in place to safeguard people from the risk of abuse. People were protected from the risk of acquiring an infection. The environment was suitable and safe for people. Learning took place following incidents and improvements were made. Medicines were safely managed. The registered manager took swift action to complete three outstanding annual staff medicines competencies during the inspection.

People's care delivery took account of national and local guidance. Staff undertook relevant training and were supported in their role.

People 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.

Overall people told us staff were caring. Staff were seen to be polite and respectful to people. Some people said they would like more interaction from some staff and this has been fedback to the registered manager to address. People were supported to maintain their independence. People's dignity was upheld during the provision of their care.

People and or their representatives were involved in planning their care. Although some people told us they would have liked better activities, a range of both internal and external opportunities were provided. People's end of life care needs were met at the service.

Most people and staff felt the service was well-led. The new registered manager had a good understanding of the challenges facing the service through the quality assurance processes and was taking the correct actions to address them for people. They actively engaged people, staff and the community. Processes were in place to share information both within the service and with external organisations. Staff worked with other agencies to ensure people received joined up care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service has deteriorated to requires improvement.

The provider was taking appropriate action to address identified issues in relation to staffing for people, but it will take further time to complete and embed the actions taken.

Further time was required for the provider to be able to demonstrate people's records had been consistently reviewed monthly, as per their policy.

Risks had been assessed and managed for people.

Processes were in place to safeguard people from the risk of abuse.

Medicines were safely managed.

Processes were in place to manage the risk of people acquiring an infection.

Learning took place following incidents and improvements were made.

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?

Good

The service remains good.

The Lawn Residential 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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 June 2018 and was unannounced. The inspection team included an inspector 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. The expert by experience had experience of caring for older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events, which the provider is required to tell us about by law.

Prior to the inspection, we received written feedback from a commissioner of the service. During the inspection, we spoke with 10 people. We also spoke with five-day staff and one-night staff, one activities staff, the chef, the maintenance staff, the registered manager and the regional director.
We reviewed records, which included four people's care plans, three staff recruitment and supervision files, seven weeks of staff rosters for the period 30 April to 17 June 2018 and records relating to the management of the service.

The last focused inspection of this service was completed in March 2017 to follow up on a breach identified at the last comprehensive inspection that was completed in July 2016. The service was rated at both inspections as good overall.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe but that there were not enough staff, they felt they had to wait too long for assistance particularly in the mornings and that some staff were too focused on the task of providing their physical care. People who needed support with medicines told us they were given at the correct time and they were not missed.

High levels of staff sickness recently, had impacted on the timeliness of the delivery of peoples' care. Hence their experience of the care delivered on the morning of the first day of the inspection. There were normally four care staff rostered in the morning, three in the afternoon and two at night, in addition there was a senior lead on each shift. On the first morning of the inspection, there were only three care staff as one had rung in sick just before the start of the shift. It was not possible to cover their absence using the provider's on-site agency staff member or external agency staff who were not available at such short notice. The shift leader, an activities staff member and the registered manager made themselves available to support the care staff as required, but were not requested by staff. Some people told us they did have to wait longer for their care that morning, but the provider had taken all reasonable measures to cover this last-minute sickness. Most staff spoken with told us that if staff did not go sick at the last minute, there were adequate staff levels.

Records showed that most shifts had been staffed at the level described, if not higher and that if staff had rung in sick late, the registered manager had often stepped in. There had been issues with high levels of sickness amongst some staff and this was being addressed. The registered manager had also recruited two new staff who were due to start work in July 2018, to fill vacant roles. The regional director informed us approval had also just been given to increase the number of shift leaders at the weekend to two, one of whom would be allocated to work on the floor with care staff, therefore increasing staffing at weekends which had been identified as an issue. Relevant measures had been taken to ensure there were sufficient staff deployed.

At the time of the inspection, the provider was unable to access the call bell data. Following the inspection evidence was provided of the call response times for the period 11-14 June 2018, this demonstrated that 91% of calls were actually responded to in less than four minutes. People felt they had to wait for assistance, but records demonstrated call bells were responded to promptly. The provider plans to now include the call bell response times as part of their on-going monitoring of the service.

Staff told us and records confirmed that appropriate pre-employment checks had been completed prior to them starting work. Applicant's identity had been checked, references provided and full employment histories were in place and a Disclosure and Barring Service (DBS) check completed, to ensure people's safety. The provider operated robust recruitment procedures.

Risks to people had been assessed and where identified there was a plan of care to address them. Processes were in place to monitor people's skin and relevant actions had been taken such as referring them to the district nurse for guidance. Where people were cared for in bed, staff told us and records confirmed they were re-positioned regularly to manage the risk of them developing pressure ulcers. Risks to people

associated with their mobility and transfers had been assessed. If people were at risk from falling then we saw they had a sensor mat in place to identify when they got up and might require assistance and a pendant alarm to summon help. If people fell, post falls observations were completed where required for the person's safety.

Shift leaders had responsibility for reviewing and updating people's care plans and risk assessments monthly. One record had not been reviewed or updated since March 2018 and another since February 2018, despite significant changes in this person's care needs. Although we were assured from this person's daily records and speaking to staff that their care needs had been met and risks to them safely managed. Their written plans did not accurately reflect their current needs. The registered manager was aware of this through their own care plan audits and was taking relevant action to address this for people. Shift leaders had been provided with additional care plan training on 25 May 2018. They were also due to undergo further training on their role and responsibilities, to embed their understanding, as some were new in post. The objective was that all care plans would be updated by 30 June 2018. Following the inspection, the provider submitted evidence which demonstrated this work had now been completed. It will take time for them to be able to demonstrate that this work has been sustained over time.

Maintenance staff told us safety checks in relation to: gas, electrical, fire, water and equipment safety had been completed which records confirmed. People had personal emergency evacuation plans in place. The environment was safe for people.

Staff were required to undertake face to face safeguarding training annually, to ensure their knowledge remained relevant. Staff could demonstrate their understanding of safeguarding and their role and responsibility for people's safety. The provider displayed a telephone number to an organisation for use by people, relatives or staff if they had any concerns that they needed to report externally. The provider had also commissioned the same organisation to conduct an independent review to ensure external scrutiny of their safeguarding policy and procedures, Safeguarding alerts were reported to the provider and analysed and reviewed for any trends, which were then discussed at the provider's safeguarding adults' meetings. Processes were in place to safeguard people from the risk of abuse.

Staff were required to read the provider's medicines policies to ensure they understood the relevant guidance and undertook medicines training every two years. Three of the eight medicines trained staff had not had their medicines competency assessed within the past year as per good practice and the provider's guidance. When this was brought to the registered manager's attention, they took immediate action and arranged for these to be completed so they could be assured staff remained competent. It will take time for them to be able to demonstrate that all staff medicine competencies have continued to be completed annually as required.

The provider had processes in place to ensure the safe ordering and storage of people's medicines. Most of people's medicines were dispensed by the pharmacist in a monitored dosage system, which reduced the risk of errors from staff administering each medicine. People had pre-printed medicine administration records from the pharmacy, which staff signed once they had administered the medicine. People's medicines were stored securely at the correct temperature to ensure they remained effective. Processes were in place to ensure the safe management of 'controlled medicines' which require a greater level of security.

We observed housekeeping staff cleaned the service across the inspection. The service was clean with no odours. There were plentiful supplies of hand gel, soap and paper towels for hand washing. Staff had access to personal protective equipment such as gloves and aprons to wear during the provision of people's

personal care. Staff had undertaken training in infection control and food safety to ensure they understood how to keep people safe. We did note in two bathrooms people's toiletries and towels had been left, which could be a potential risk from cross-infection. This was brought to the registered manager's attention who told us they would address this with staff. Processes and staff training were in place to protect people from infection.

Staff had undertaken incident reporting training, to ensure they understood their responsibilities. Staff were required to complete incident forms, which were then reviewed by the registered manager to identify any actions required. Following an incident earlier in the year, staff had undertaken further training. When a similar incident occurred recently, staff had been able to apply their new training. Learning took place following incidents and improvements were made.

Good

Is the service effective?

Our findings

Overall people told us staff were kind and caring. Their comments included, "The staff are very kind and considerate. They ask me if I need help with personal care and encourage me to do as much as I can for myself." "Staff are very caring, everything is done nicely. I have to stay in bed and they are always so considerate of me. They treat me with great respect. Some of them are wonders." Whilst some people felt some staff could be somewhat rushed and that they would value more interaction with them as they provided their care. People told us family and friends were able to visit at will and there were no restrictions on when they came.

People's records informed staff of what aspects of care people liked or did not like and how to support the person in a caring manner. Staff were instructed to ask people how they would like their personal care to be provided. Staff could demonstrate a good understanding of people's care needs and personal preferences.

We saw there were polite and respectful interactions between staff and people, but possibly due to the staff shortage on the first morning of the inspection the content of discussions that morning tended to focus on the task in hand. At lunchtime, for example, there was limited interaction between staff and people as staff served the lunch. At lunchtime on the second day, staff seemed less pressured. Different staff were seen to patiently respond to a person who repeatedly asked them the same question. They provided constant reassurance to the person as required. Staff treated people respectfully, but some people would have valued a little more 'chatter' with staff during interactions. This has been fedback to the registered manager for them to address.

People's preferences were documented for staff on the handover sheet, for example, if they did not want male staff to provide their care and their preferred time for getting up and going to bed. If people preferred to stay in bed and to get up later then this was respected by staff. If people had preferences about which staff provided their care, then these were accommodated as far as was practicable. People who liked a newspaper had this delivered to their bedroom each morning as per their request.

People's records noted the areas of daily life within which they could make decisions. If people required longer to communicate then this was noted. Staff consulted people about their care, for example, asking them where they would like to sit and if they would like a drink. People were encouraged to bring their own furniture to furnish their bedroom and to make it feel homely for them, which many people had done. People were involved in decisions about their care.

The registered manager demonstrated a sound understanding of protected characteristics as defined under the Equality Act and of how people might need to be supported in relation to these.

Staff understood the need to support people to remain independent. A staff member told us, "If they can do it then we encourage them, it doesn't matter how long it takes. Even if washing themselves takes time that is OK." Records showed what people could do for themselves such as put the milk in their tea or self-care. At lunchtime staff ensured people were provided with adapted crockery and cutlery if required to enable them

to eat their lunch independently. Staff supported a person to go out daily to visit the local shop. People were supported to maintain their independence.

Staff understood how to uphold people's privacy and dignity during the provision of their care, which was provided in private.

Good

Is the service caring?

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Good

Is the service responsive?

Our findings

People had mixed views about how responsive the service was. Some people were clear that they had been involved in setting up their care plans, whilst others did not believe they had been. Most people told us they had never made a formal complaint.

People and or their representatives were involved in planning their care and people had signed their care plans to demonstrate their involvement. People and their relatives were then invited to attend reviews of their care. The registered manager informed us that presently 10 people's reviews were outstanding and action was already underway to complete these.

People's communication needs were documented. For example, if a person had a hearing impairment, it was noted if they could lip read or if staff should speak slowly. There was a hearing loop for use by people with hearing aids. Information was accessible to people.

People's social inclusion needs and how these should be met had been noted. People were invited to attend a range of group activities and one to ones were provided for those who stayed in their bedrooms. People could attend a weekly external group and the service had the use of a minibus twice a month. The service's voluntary 'Support Group' ran trips, which included a recent trip on the Watercress Line and external entertainers visited. Internal activities included; exercises, games, book club, church service, art, toddler group, sherry with the registered manager, hairdresser, gardening, care of the rabbit, films and shopping. Although the first day's activities were not well attended, we saw on the second day an entertainer's piano recital, which people enjoyed. Although some people told us they would have liked better activities, there were a range of opportunities provided for their stimulation. The registered manager had consulted people about the activities programme at the resident's meeting in April 2018, when no issues had been raised.

People were provided with details of the provider's complaints policy, which was also displayed. We saw that where written complaints had been received they had been recorded, fully investigated and where required meetings held with the complainant. Verbal complaints had been addressed for people but not logged. Although we were able to establish the actions that had been taken in response to a person's verbal complaint, we have brought to the registered manager's attention that these should also be recorded.

Records demonstrated that people had spoken with the registered manager about issues with the menus. In response, the registered manager now ate regularly with people to sample the food. A resident's food forum had also been set up to enable people to input their ideas, which the chef had acted upon. The actions taken in response to people's comments were displayed on the provider's 'you said' 'we did' poster for people's information.

The handover sheet informed staff if people had a do not attempt cardio-pulmonary resuscitation form in place. Where people were ready, they had been consulted about their end of life wishes. People's clinical needs at the end of their life were met by the district nurses who ensured anticipatory medicines were on-

site as required to ensure effective symptom management. End of life care training was not mandatory but this was an area the registered manager had already identified for staff training.

Good

Is the service well-led?

Our findings

Most people felt the new registered manager was trying their best to make changes and improvements for them. One said, "The care is good and the manager does come around and ask you if everything is okay." Another said, "Yes, I think it is very well run. Everything is kept nicely, it's always clean and the new manager is trying her best." "Although some people spoken with had raised issues, everyone said they would recommend the service.

The provider's Statement of Purpose clearly set out their aims and guiding principles, which underpinned the provision of people's care. These were: privacy, dignity, independence, choice, rights and fulfilment. Staff learnt about the values during their induction.

There was a new registered manager since the last inspection. They had a good understanding of the current challenges to the service, such as staff sickness, staffing, ensuring all shift leaders were fully effective and maintaining records. They were taking the correct actions to address these issues for people and thus ensure a positive working culture amongst the whole staff team. They were readily accessible, through their open-door policy, daily walks of the floor and presence at staff shift handovers. Most staff told us the registered manager was, "A good leader" and "You can talk to her." They told us she stepped in and helped staff if required on the floor, which records confirmed.

The registered manager actively engaged people and the community. They sent people a regular newsletter to inform them of what was happening and to seek their views. People were also able to input their views through regular resident's meetings and the new food forum. A person had also been invited to represent people and their views at the provider's safeguarding sub-committee meeting.

The local toddler group now attended the service weekly and records confirmed how much people enjoyed their visits. Discussions were underway with a second group who wished to base themselves at the service. Their aim was to reduce isolation and loneliness for men and male residents would be able to participate, enabling people to mingle with members of the local community.

Staff could give their views on the service through the supervision and appraisal processes, handover and regular staff meetings. Records for the staff meeting held on 17 January 2018 demonstrated staff had been asked for their ideas of how to make improvements to the service.

There were regular audits of the service, these included medicines, infection control and care plans. The registered manager reviewed incident and accident records and analysed them for any trends. They monitored people's monthly weights and any pressure ulcers to ensure any required actions were taken. There was a supervision tracker to monitor staff supervisions. A tracker was used to monitor people's Deprivation of Liberty Safeguards (DoLS) status and any pending applications. The registered manager also sent the regional director a weekly report. The provider's quality manager audited different aspects of the service; action plans were then drawn up and followed up upon at the next audit. Following their last audit, a meeting had been held with the shift leaders to ensure they understood the need to reference people's

DoLS status.

Staff worked with other agencies to ensure people received joined up care. For example, if they admitted a person whose care was commissioned by the local authority then they obtained a copy of their assessment and carried out reviews with them.