

The Lawns Limited

The Lawns

Inspection report

The Lawns,
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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? | Good |  |
| Is the service well-led? | Good |  |

Overall summary

The inspection took place on 5 and 22 October 2015 and was unannounced. The Lawns Limited is a family run business. It offers residence for up to 30 people there were twenty nine people using the service at the time of the inspection visit. The service is a care home with 24 hour nursing care and provides accommodation for people of all ages over 18 years who require nursing and

personal care, diagnostic and screening procedures, treatment of disease, and disorder or injury. The previous inspection in September 2013 showed the care home met the standards.

The registered manager was present at the time of the inspection. 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

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service was run. At The Lawns, the owner provider and registered manager was the same person.

People spoke positively about the service and told us if they had any concerns, they could speak to the staff team who were available 24 hours a day. The provider dealt with people's concerns promptly and used their comments as an opportunity to enhance care. Staff encouraged people to provide feedback about the care they received. People had access to a range of activities. This ensured social inclusion and promoted an active life where people could enjoy their time at The Lawns.

The service had a good management team. Relatives were involved in their family member's care and we

observed the enthusiasm of the care staff throughout our inspection visits. The local GP, the multi-agency professionals and the staff team regularly monitored people's welfare and care needs.

The manager had robust systems in place to assess and monitor the quality of the service to ensure people received consistent standards of care, which enhanced people's quality of life.

People's relatives told us there was an open door culture and the environment was welcoming. Staff told us, it was an enjoyable place to work.

People felt the staff had their best interests at heart and that they were skilled at the process of providing effective care for them. Family members and friends said the management was approachable and transparent.

Staff told us, management were supportive and open to the development of their skills and knowledge.

Summary of findings

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:

Peoples' medicines were stored in safe place and people received their medicines when required.

People, were treated as individuals and the staff knew the people sufficiently to know their preferred choice during medication administration.

Staff were appropriately trained in safeguarding to ensure people were protected from the risk of abuse and neglect.

Robust recruitment and selection practices were in place

There was sufficient staff cover to continue with the daily running of the service and meet people's needs.

People were encouraged to be independent whilst not compromising their safety.

There were evacuation plans in place for each person in the event of a fire.

Good



Is the service effective?

The service was effective:

People were encouraged to maintain their independence and this was supported with assistance from other healthcare professional agencies.

Staff followed the practice and principles of the Mental Capacity Act 2005.

The home's menu choices ensured people had a balanced meal at all times.

Good



Is the service caring?

The service was caring:

People experienced gentle, compassionate, care.

Staff treated people with respect and dignity.

Good



Is the service responsive?

The service was responsive.

People had available to them a range of planned and structured activities.

Transport was provided for people who chose to go out into the community.

People had care, which was responsive, and person centred and met people's individual needs.

People's end of life plans were documented clearly and had medical support to meet people's preferred wish.

People's needs were addressed promptly and in a timely manner.

Good



Summary of findings

People and their relatives knew how to report a concern or complaint and these were managed appropriately.

Is the service well-led?

The service was well led:

The Provider managed the service well.

People, relatives and staff spoke positively about the staff and manager.

Staff were knowledgeable about their roles and had clear direction from the manager.

There were regular quality assurance audits, which included safety, monitoring the management of the service and addressing the governance of the service.

Good



The Lawns

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 05 and 23 October 2015 and was unannounced. An inspector from the Adult Social Care (ASC) directorate carried out the inspection.

Prior to the inspection, we looked at the information we had about the service. This information included the

statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send to us by law. The registered manager provided information about the service which described what they have done well and areas for improvement they plan to make which would be of benefit to people who used the service.

We spoke with six people who used the service, four relatives and three health care professionals. We spoke with three members of staff and the registered manager. We looked at six people's care records, four staff recruitment files and training records and staff duty rotas. We looked at a selection of policies and procedures relating to the daily operations of the service.

Is the service safe?

Our findings

The provider had in place guidelines to ensure people's safety. Four people we spoke with told us they felt safe. The relatives expressed how they felt their family members were kept safe and described how the staff maintained people's safety. One visiting healthcare professional conveyed, "I have no concerns about people's safety here".

People had risk assessments in place and these included mobility and risk assessments according to their independent needs. The aim of people's assessment helped them to remain independent and safe during their time at the care home. One visiting professional told us, "This service manages risk, its risk adverse".

Three staff members informed us how they maintained people's safety. They described how they reported and recorded any allegations of abuse and were sufficiently knowledgeable in reporting and recording safeguarding information. The staff had regular training in safeguarding, which consisted of e-learning and sharing of information with their manager during staff meetings. One visiting healthcare professional described to us that, "People were kept safe and looked after appropriately by staff who were trained well". Another visiting healthcare professional said, "The staff here welcome and encourage people's independence within safe limitations".

The provider followed robust recruitment and selection procedures for both the clinical and non-clinical staff. This was to ensure potential employees were of good character and had the qualifications, knowledge, skills and the relevant experience in their role. The service employs both registered general nursing and care workers providing people who use the service with clinical and non-clinical support to meet their needs. The average length of time the staff remained employed at The Lawns was nine years. An experienced long-standing staff team was providing care so that people had the benefit of a consistent care team. The qualified nursing staff including the manager showed they were registered with the Nursing and Midwifery Council

(NMC) and were in the process of making plans to re validate their registration details each contained renewal dates to ensure they were qualified to continue with their nursing duties and they were safe to continue to practice.

There was sufficient staff on duty to meet people's needs. We listened and checked the call bells were answered promptly, to make sure people's needs were met in a timely manner. The staff rota confirmed over a four week period that there were staff available to provide cover to meet people's personal care needs. People and their relatives told us there was always adequate numbers of staff available and the manager was available on hand to provide additional cover.

People's medicines were stored and managed in a safe and secure manner. Staff knew which medicine each person had and were given their medicine safely and correctly, which minimised risk for error. There were clear policies and procedures applied during the administration of people's medication. Staff supported people to take their medicine as per their prescription and according to their wishes and the provider's practice and procedures.

People and the staff regularly took part in fire evacuation drills. There were evacuation plans in the event of a fire for each person to ensure people were safe. The staff engaged in regular fire training to ensure the safety of all the people who visit and live at the home.

The health and safety officer inspected the electrical and water systems, which was passed with approval. This further ensured the service provider cared for people in a property, which was safe and comfortable. In people's individual rooms, their portable appliances testing (PAT) was conducted to ensure their personal electrical items were safe to use throughout the home. Retesting was planned for the following year.

There were regular buildings audit, which included the electrical, water and gas appliances. This was to ensure people, their relatives were kept safe, and the property met the relevant safety standards.

Is the service effective?

Our findings

People had access to GP primary care services this included district nurses. The staff from the care home and the primary care team supported five people with feeding tubes. The visiting healthcare professionals said, "The staff are very good at asking for support". People had access to regular healthcare support. People's health appointments were documented and the recommendations from health professionals were followed. For example, one person had a complex swallow reflex and this was referred to the speech and language team who provided ongoing healthcare guidelines. GP attendance into the home was frequent. On the day of the inspection visit, the visiting healthcare professionals monitored and provided support to those people with complex needs.

The staff team consisted of qualified registered nurses and care workers forming a clinical and non-clinical staff team. The staff team told us they were well trained and they had ongoing training opportunities. The training included, first aid, safeguarding, moving and handling, basic and advanced life support, medicine training which the nursing staff usually carry out. The non-clinical staff told us all the nursing staff carry out the clinical task and "We carry out the rest it's a great team". We observed the non-clinical and clinical staff operated together and working as one cohesive team.

The staff team were able to describe the principles and practices of the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005, is a law that protects and supports people who do not have the ability to make decisions for themselves. This could be due to a learning disability, a mental health problem or condition such as dementia.

The staff were able to describe their responsibility and obligation to respect people's choice and decisions. For example, one person was supported to move into another care home, which provided rehabilitation services, support and frequent visitation with the member of their family. The social worker supported the person to move closer to their family and to a service, which provided rehabilitation and development of life skills. This person was assessed as having capacity and the decision to move closer to their family was agreed and arranged. The Social worker spoke positively about the support this person was given by the staff team.

The staff team and manager were able to demonstrate their understanding of Deprivation of Liberty Safeguards (DoLS). This ensured people had the care needed in the least restrictive manner and according to their needs and preferences. The care plans we reviewed contained evidence people were encouraged to enjoy their freedom and exercised their freedom of choice.

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005, The act aims to make sure people in residential care; hospitals and supported living are looked after in a way, which does not inappropriately restrict their freedom. One relative told us "My wife has the freedom to do what she wants we're off shopping in a moment". People had family involvement throughout and this was clearly documented in peoples' care files.

People's meal times were a relaxed and a sociable affair. The daily menus were available on the notice board. The chef told us, "We cook with local supplies and good quality products". The chef continued to say, "Our eggs are free range". The chef provides homemade meals, which are familiar to the residents. For example, macaroni pudding, roast pork with the trimmings. Specialised diets were available for people who were either on soft pureed and diabetic diet for example. People were replenished throughout the day with a choice of drinks and afternoon snacks, for people and their relatives. People and their relatives, spoke positively about the quality of the food, the choice they were given and the portion sizes. One relative told us, "You get plenty to eat and the food is of good quality". A relative told us they are often welcomed by staff and offered a choice from the menu. People's families were encouraged to take part in meal times at The Lawns, which was observed by us as a social occasion.

People were confident staff met their needs and knew their job role. The staff expressed how much they enjoyed looking after people. The staff we spoke with demonstrated their enthusiasm and appreciated working with the owner manager. One member of staff told us they frequently recommend the service to others. Staff received regular supervision and yearly appraisals. Members of staff said, the management was supportive to their developmental needs. Four visiting professionals told us, the staff know what they are doing and are very competent.

One member of staff had left The Lawns to follow a career in nursing. Another ex-member completed their training to become a doctor in medicine and spoke highly of the

Is the service effective?

support learning and experience they had gained from employment at The Lawns. Other comments from a care worker who was off to university remarked, "Thank you for the opportunity for working in the home for the past few years it's been a great experience and I learnt a lot".

People's rooms were personalised. The manager told us they had access to hospital type equipment and had a good repair programme in the event of any malfunction. There was good access for wheelchair users and those people who used walking aids. The property had been expanded over the years creating a pleasant and roomy

environment for people and their relatives. The day centre on the premises can be described as a cosy meeting place for people to socialise make friends and avoid social isolation. There were photographs available to see how the property had transformed into the present day service.

Relatives informed us they felt the provider considered their family members' wishes at all times. We asked the staff how they would provide good care to meet people's needs. The staff described how they apply respect and dignity; this was confirmed by what people told us and our observation throughout the two-day inspection visit.

Is the service caring?

Our findings

People told us they felt they were well looked after and their needs were met. The provider and the staff team demonstrated a caring attitude. We observed frequent communication between staff and the people and their relatives. There was gentle compassion respectful banter between staff and the staff showed frequent acknowledgement of peoples' welfare. The staff spoke respectfully to people and made visitors welcome into the home. We observed the kind and caring approach people received and their relatives, the manager and staff showed empathy, spoke patiently with people, and throughout the inspection visit. We observed positive and trusting relationship had developed with people, relatives, visitors and staff. Relatives confirm the caring nature of the service and the care staff. For example, one spouse told us, "The staff care very much and this is the best place for my husband especially now that his needs had changed". We listened and checked the call bells were answered promptly, to make sure people's needs were met in a timely manner. The staff spoke respectfully to each other and knew when assistance was needed to provide personal care to people; this ensured people were not kept waiting too long for attention.

We pathway tracked six care plans and found them to contain personalised individualised care. Each of the six person's end of life plan was documented, tailored and included their wishes and preferences; this showed people's views were taken into account. For example, end of life and do not resuscitate. The care plans we reviewed contained a do not resuscitate (DNR) notice and were signed and dated by the designated GP or consultant. People had given clear instructions about their end of life wishes. For example, one person requested a particular hymn.

There were email correspondence from friends and relatives who were kept informed of all events concerning their family members. The provider frequently sent invitations to peoples' family and friends informing them of social events, which took place at the home, thus further enhancing social inclusion for people.

It was evident there was family inclusion in the management of peoples care, the sharing of information with family and friends and the staff comments with added suggestions for further developments. For example the staff research into how to treat and support people dementia. We saw people were included in the interviewing process of new and potential employees. For example, the people devised the questions and they confirmed they took part with interviewing and assessing potential employees for the service. One person told us, "It's important to know if the person would like to work with us". This demonstrates the manager included the people who used the service in the daily running of the care home.

The manager demonstrated care and compassion throughout the inspection. People, their relatives and the visiting professionals spoke confidently about the care treatment and support provided to people. Visiting healthcare professionals told us, "This service is proactive in the care they provide and will seek support from other agencies".

Another visiting professional, from the primary care team told us, "...Good care the nurses know what they are doing, they know the patients well and our colleagues have not relayed any concerns with this service".

We saw a written comment from Gloucestershire Community MIND association, "Thank you for your commitment and hard work".

Friends and relatives expressed their thanks to the staff team at The Lawns. Relatives wrote, "Thanks for all your kindness care and support you gave mum and to us all".

Is the service responsive?

Our findings

People were confident the care they received was responsive. For example, the provider had protocols in place to ensure people's needs were met and staff followed the guidelines to meet people's treatment and support. Prior to admission people's needs were evaluated and this was documented in their individual care files. People's care, support and treatment needs, were assessed with assistance from the relevant health and social care agencies. The aim of people's assessments helped them to remain independent during their time at the care home. Relatives informed us they felt the provider considered their family members' wishes at all times. Relatives told us they were included in any decisions made with support from other healthcare professionals.

The visiting healthcare professionals identified that the service provides complex nursing needs to people and assists people to move on and increase their independence, meeting their goals and aspirations. For example, one person was encouraged to increase their independence. The relative spoke positively about this progress. The service and the family worked together to make this happen for the person so that they could move on into a different service. Their increased independence included; mobility and further development of life skills. The visiting healthcare professional continued to say, "Management is definitely on the ball and very professional in terms of knowledge of the resident's needs."

The staff were able to describe how people's needs and choices were met. For example, people had menu choices based on individual preferences and specialised diets, people chose their activities, and their choice for end of life care was sought and followed. People's responses were documented, often with family inclusion. One person told us they are able to choose from the menu. One person told us, "I have a bath when I want; only my mum washes and plaits my hair". Another person told us, they could choose which activities they enjoyed. In one person's care plan, there was a description of their end of life plan.

The relatives confirmed management and the staff team were available to respond to any concerns. One relative told us, "The staff recognised very quickly when my husband was having difficulty with swallowing". People's care records were comprehensive and included information from other health care agencies. The visiting

professional confirmed the treatment; care and support was well timed and the information well documented, which was then shared during the staff handover. We observed staff hand over and these were informative, detailing each person and their individual care needs.

Over the years, the provider extended the premises added a day centre where people's planned activities took place. People choose whether to participate in the activities, which were on offer and these took place at the Lawns. Relatives were frequently included and participated in the hobbies and interests, which formed part of The Lawns community. People told us, during a group discussion, the activities, which were available and often chosen by them. People were willing to share with us during the inspection visit how they spent their time during the day.

People had access to a range of activities, including various types of board games and quizzes. At the time of the inspection visit people were playing pictorial bingo. During the afternoon people were making decorations to celebrate the Gloucestershire rugby team. Those people who declined the offer to join the day centre activities were supported, sometimes on a one to one basis, with their specific interests and hobbies, which took place in their rooms. For example, there were jigsaw puzzles made available and people often read books or the newspaper in their rooms.

The provider arranged transport and escorts for people if they chose to go out into the community. This included days out in the surrounding areas of Gloucestershire. For example there was a diary entry describing the day out on a barge and this included a pub lunch, 'good time had by all' was recorded. The manager arranged for the local Member of Parliament to come and visit people. The plan was to show the local MP how people lived, the manager described the visit as 'interesting'.

People had developed a writing group and were putting together a series of poems, which were written by them. There was a plan to have these poems published in the near future. People explained their activities to us and showed us some of their poetry. Some poems were humorous, some descriptive of their time at The Lawns. At the time of the inspection, a piano player was playing tunes familiar to people who were singing and humming along to the music. The provider told us, "We have an active client group here who will communicate their needs well".

Is the service responsive?

We saw there was one complaint made and the provider addressed this by following their complaints policy and procedure. This was responded to in a timely manner and the documentation and the frequent correspondence confirmed this. There was a positive outcome for the complaint and this was evidenced in the records. People and their relatives told us, “We have nothing to complain about”. One relative commented, “No faults at all, staff are an exceptional team”.

The provider told us there were frequent residents meetings. These meetings gave people the opportunity to voice their ideas relating the activities and the choice of menus.

Is the service well-led?

Our findings

People described the service as having an open door culture. People felt they could approach the manager and the staff team any time day or night. People and their relatives were confident the service was well managed. The Lawns is a family run business and the manager has been in the business of care for 35 years. The provider is a qualified general nurse registered with the Nursing and Midwifery Council (NMC) and with a valid PIN number. The role of the NMC nursing register is to maintain a register of nurses and midwives allowed to practise in the UK. The manager spoke with compassion and knowledge about people's health conditions. It was evident they knew the people well and this knowledge was shared with the staff team.

Regular audits took place on a monthly basis to confirm the service was operating efficiently. The manager understood the role of their internal audits, which provided information and assurances to manage the risk, and drive improvements. These processes were operating appropriately as part of the daily management of the service. There were regular audits, which took place in the months of June, July, August and September 2015, and included; care plan audits to check people's information was up to date, fire training, maintenance throughout the premises and menu choices.

Policies and procedures were in place and used as guidance for the staff team to follow as part of the daily running of the service. The policies we reviewed included, health and safety, whistle blowing, safeguarding policy which was supported by Gloucestershire Council safeguarding team, and the complaints policy.

It was evident staff were knowledgeable about their role and followed direction from the manager. One member of staff told us, "It's a good place to work the manager adjusts my shifts to suit my needs".

People, relatives, and the staff team provided feedback in yearly questionnaires. People's responses from feedback questionnaires inform the manager on how to manage improvements to enhance service provision for people.

We observed the provider promoted their ethos throughout the inspection visit. The provider and the staff team offered hands on approach to care, support and treatment. The management of people's care showed people were safe. This was based on the effective management of staff and the inclusion of people and their friends and family in all decisions about their care and treatment. The provider ensured the care they provided was effective and was due to the training, skills and development of the staff team.

People and their family told us they took part in the annual questionnaire and were given the opportunity to respond. People frequently took part in residents meeting giving them the opportunity to share their thoughts on matters, which were important to them. People discussed the up and coming Christmas events.

We found there to be no issues with the provider sending notifications into CQC. One notification sent was detailed and contained the necessary information describing the concern, which showed the action the provider took in order to resolve the incident.

We observed the enthusiasm of the staff team and their knowledge of the principles of the MCA 2005 and DoLs. People's choices were taken into account. The provider ensured people were treated with kindness. The caring attitude of the staff and provider was evident and people's dignity was respected. One relative told us, "My mother's care is well managed here as she was unable to cope at home...we have an open visitation and come to the home anytime..." The provider responded to people's needs and this was observed. Visiting healthcare professionals confirmed the service was skilled in looking after people with complex needs and this was managed in a manner, which was individual to each person.

Relatives spoke positively about the management of the service and the staff responded promptly to people's needs.