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 effective?	**Good**

Summary of findings

Overall summary

Care service description

The Lawn Residential Care Home provides accommodation for up to 31 older people, some of whom may also be living with dementia. The home is situated in the village of Holybourne and is a period house which has been altered and extended for use as a care home. There is access to landscaped gardens and grounds. At the time of our inspection 29 people were using the service.

Rating at last inspection

At the last inspection, the service was rated good overall and Requires Improvement in the 'Effective' domain.

Why we inspected

We previously carried out an unannounced comprehensive inspection of this service on 12 and 13 July 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 14 of the Health and Social Care Act (Regulated Activities) Regulations 2014, Meeting nutritional and hydration needs.

We undertook this focussed inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lawn Residential Care Home on our website at www.cqc.org.uk.

At this inspection we found the service had improved, there were no breaches of regulations and therefor the rating for the 'Effective' domain has been changed to Good.

Why the service is rated Good in the 'Effective' domain

Staff had received appropriate training to meet people's needs. Records showed that staff had received training in key areas such as infection control, fire training, moving and handling, food hygiene and first aid. Staff were supported to study for health and social care vocational qualifications. Staff told us they felt supported in their role.

Staff were knowledgeable about people's needs and how to support them. Staff said they knew about people's needs from handovers, care plans, risk assessments, people themselves and their families. We saw that staff interacted with people appropriately and kindly, appearing to know them well as individuals, and treating them accordingly.

People were asked for their consent before care or treatment was provided and the provider acted in accordance with the Mental Capacity Act 2005 (MCA). People made their own decisions where they had the capacity to do this, and their decision was respected.

At the last inspection we found care plans did not always address the risk in relation to malnutrition or match with the actual care that was being delivered. Some people were choosing not to eat but it was not clear that the provider had considered and addressed all the risks in relation to this. At this inspection, we found that care plans had been updated and accurately reflected people's care. Care plans recorded all measures which had been taken to protect people from the risk of malnutrition.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Drinks were readily available throughout the day and staff encouraged people to drink. For lunch a main meal was offered, with alternatives available. The chef was knowledgeable about people's individual requirements such as those people who required a soft diet or a diabetic diet.

People were supported to maintain good health through access to ongoing health support. Records showed that district nurses, psychiatric nurses and the GP had been involved in people's care and referrals were made where appropriate.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good

The service was effective.

The risks in relation to weight loss and malnutrition had been considered and appropriate action taken to ensure the risks to people were mitigated as far as possible.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Staff were aware of special diets and dietary preferences.

Staff had received appropriate training to meet people's needs and had detailed knowledge about people's individual preferences. Staff delivered care in line with people's individual needs and wishes.

People, who were able, gave consent to their care. For people who were unable to give consent, the provider complied with the requirements of the Mental Capacity Act 2005.

The provider knew about the Deprivation of Liberty Safeguards and had made appropriate applications in this respect.

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 checked 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.

We undertook and unannounced focussed inspection at The Lawn Residential Care Home on 8 March 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 12 and 13 July inspection had been made. We inspected the service against one of the five questions we ask about services: Is the service Effective? This is because the service was previously not meeting legal requirements. This inspection was carried out by one inspector.

Before the inspection, we reviewed all the information we held about the home including previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. The provider had not completed a Provider Information Return (PIR). This is because we did not request one for this inspection. We obtained all the information required during the inspection. A PIR 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.

During our inspection we spoke with four people using the service and one relative. We also spoke with the manager, the area director, the chef and two care workers. We reviewed records relating to five people's care and support such as their care plans and risk assessments.

We previously inspected the home in July 2016 and found one breach of the regulations.

Good

Is the service effective?

Our findings

People told us that staff met their needs effectively. On person said "They are all really willing, if you have a dietary requirement, they are really good at trying to keep to it. They give me my breakfast at 5,45am which is when I want it." Another person said "I need help in my bath and they are awfully good about that."

Previously we found care plans did not always address people's risk in relation to malnutrition or match with the actual care that was being delivered. During this inspection we found that the risk of malnutrition was assessed and regularly reviewed using appropriate tools. Based on the outcome of the assessment people were weighed either weekly or monthly. Where people were found to have significant or sustained weight loss, appropriate actions were taken. These included a review by their GP and, where necessary, onward review by a dietician. One person had been referred to a dietician but was unable to travel to the appointment. The manager arranged (by agreement with the dietician) to attend the appointment herself to ensure that appropriate guidance could be sought in relation to the person's condition.

One person regularly chose not to eat and the risks in relation to this had been addressed as far as possible. Their care plan recorded their dietary choices and was reviewed regularly in conjunction with relatives. Staff ensured the person received their preferred food regularly and maintained records which showed that the person had been offered and refused meals each day. Staff told us the person liked sugary tea and they made tea often including full cream milk and plenty of sugar. The person's cognition care plan recorded that the person understood the need for food and drink. The person's dietary need had been considered throughout their care plan, for example, the person's sleep care plan recorded that the person was often more alert at night and prompted staff to offer food during the night if the person was awake. All staff we spoke with were fully aware of the person's preferences and the actions they needed to take in regularly offering the person food and drink of their choice.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Drinks were readily available throughout the day and staff encouraged people to drink. We saw people had easy access to drinks and people who were nursed in bed had drinks which were in reach. Drinks, biscuits and cake were served mid-morning and mid-afternoon and crisps, chocolate and fruit were available throughout the day. Drinks were offered during and after lunch and in the evening. One person said "They have a trolley which they bring round with home-made cakes and biscuits." Another person told us "There is always fruit available in the basket."

The chef told us that menus were worked out in line with people's preferences, ensuring healthy balanced meals. They told us they had one to one meetings with people to ensure they were aware of their needs and preferences. In additional the manager met with the chef each week to discuss food requests and new ideas. As a result, a coffee tasting session was going to be booked. Each day two choices of main meal were offered. People who didn't want either option could choose chicken, fish or salad. A board was displayed in the kitchen which showed people's individual requirements such as those people who required a soft diet or a diabetic diet. One person required a gluten free diet. That person told us that the home ordered biscuits, sausages and fish fingers especially for them. Records in relation to preferences were very specific such as

whether the person liked brown or white bread and what size portion they preferred. These records matched with people's care plans, staff knowledge and what people ate. One person said "I find the food is perfectly good enough for me." Another person said "They always have two vegetables and ice-cream as well as the pudding."

We observed that the tables were attractively laid for lunch, people were offered sherry or wine with lunch and they could have beer to order. Soft drinks were constantly available in the dining room from dispensers. Light classical music was being played at low volume. The lunch looked good and there was a choice of roasted gammon in parsley sauce or mushroom with pasta. Vegetables were served in a large dish in the middle of each table, so people could help themselves to whatever amount they wanted. Most people ate without support from staff. Staff were attentive and lunchtime was unrushed. Tea and coffee was served after the meal.

Staff had received appropriate training to meet people's needs. Records showed that staff had received training in key areas such as infection control, fire training, moving and handling, food hygiene and first aid. Due to a recent recruitment drive, there were some new staff who needed to catch up with training requirements. This had been organised into facilitated sessions by the Area Director. The facilitated sessions included question and answer sessions at the end which ensure learning had been fully understood by staff. Some staff had also received training in wound care and asset mapping. Asset mapping is about linking care homes with local community assets to develop care homes into community hubs, which would provide a wider range of services for people. This would help homes made a greater contribution to local communities.

Staff told us they had received sufficient training to meet the needs of people living in the home. There was a requirement for staff to attend training in order to keep their knowledge fresh and up to date. Staff were supported to study for health and social care vocational qualifications. New staff were working towards the Care Certificate. The Care Certificate is the minimum standards that should be covered as part of induction training of new care workers.

Staff had regular supervision meetings with the manager and all staff had had an annual appraisal. Staff told us they felt supported in their role and felt able to discuss any concerns with the manager at any time.

Staff were knowledgeable about people's needs and how to support them. Staff said they knew about people's needs from handovers, care plans, risk assessments, people themselves and their families. Staff described people's individual needs and how they supported them. For example, one member of staff told us about a person who liked their pyjamas warmed on the radiator before they put them on. Another member of told us about a person who "Needs conversation, loves going round the garden and likes to get involved." Staff told us they were always adding more detail to the care plans as they got to know people really well. One member of staff said "The care plans are easier to fill in once you know a person; they are ever changing in relation to people's needs."

We saw that staff interacted with people appropriately and kindly, appearing to know them well as individuals, and treating them accordingly. For example, we heard staff exchanging banter with people. One person told us "One does feel that they care for you individually."

People were asked for their consent before care or treatment was provided. Everyone spoke with told us they were asked for their consent. One person said, when asked if care workers requested their permission, "Yes absolutely." Staff said they always asked people if they were ready to receive personal care and how they would like it delivered. One member of staff said "I ask before I do anything really, it's not just consent,

it's a warning really." Another member of staff told us "Every single time I go into a room I say 'is it ok to provide your care now?' or 'is it ok to cream your legs?'" Staff said if people declined they came back later. People had signed their care plan to consent to their written plan of care.

Where people lacked capacity to make specific decisions, the home acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the 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. Where they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Most people had capacity to make their own decisions and therefore mental capacity assessments were not required. Staff told us they had received training in relation to mental capacity and demonstrated that they understood the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the manager understood when an application should be made and had made an appropriate application, supported by a mental capacity assessment, for one person living in the home. Staff were aware of the measures required to keep the person safe and ensured these were followed. Staff ensured the person was supported to leave the home whenever they chose and actions had been taken to ensure they couldn't leave the home without appropriate support from staff.

People were supported to maintain good health through access to ongoing health support. Records showed that the GP, district nurse, optician, dietician and podiatrist had been involved in people's care and referrals were made where appropriate.