

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 well-led?

Good 

Summary of findings

Overall summary

About the service

The Lawn Residential Care Home is a residential care home providing personal care to up to 31 people. The service provides support to both older people and younger adults. People may be living with dementia. At the time of our inspection there were 18 people using the service.

People's experience of using this service and what we found

People were happy with the care they received. Feedback included, "I think it is very good" and, "It's very friendly it always has been, it's nice."

The service had made improvements in relation to the medicines issues identified following the previous inspections. There was evidence of ongoing progress. However, not all of the required medicines information for people was yet fully embedded into their medicines care planning and assessments.

People were safeguarded from the risk of abuse. Staff ensured potential risks to people were identified, and mitigated. Staff reported incidents and any learning was shared. There were sufficient staff to provide people's care safely. Staff were recruited safely. People were protected from the risk of acquiring an infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were assessed. People's care was delivered by appropriately trained staff. People were supported to eat and drink enough for their needs. Staff worked with professionals to ensure people's healthcare needs were identified and met. People had sufficient space and the decoration of the service was under review.

Processes were in place at location and provider level to ensure potential risks and areas for improvement were identified, assessed, addressed and monitored. The registered manager reviewed the culture of the service and led it effectively. Staff worked openly and collaboratively with relevant external stakeholders and agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 July 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 10 June 2022. Six breaches of legal requirements were found. The provider completed an action plan to show what they would do and by when to improve safeguarding and person centred care.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. We also checked whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. In relation to specific concerns we had about governance. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

The 3 warning notices served in relation to safe care, equipment safety and nutrition were followed up and found to have been met at a targeted inspection completed on 22 August 2022.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Lawn Residential 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by 2 inspectors one of whom was a medicines inspector and an assistant inspector.

Service and service type

The Lawn Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Lawn Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During and after the site visit we spoke with 5 people, 6 relatives, 8 staff, the registered manager and the care homes director, who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 4 people's care records. We also inspected the storage of medicines, reviewed medicines administration records (MARs) and observed part of a medicine's administration round. We reviewed records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection there had been a failure to ensure the effective operation of safeguarding processes. This was a breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us, they were protected from the risk of abuse. People said, "Yes I'm safe in the care of staff" and "Yes it feels safe."
- Staff were up to date with the provider's safeguarding training which they updated annually. Staff had also completed external safeguarding training provided by the local authority. They had online access to the provider's safeguarding policies and procedures and a pocket size guide, to prompt and remind them. They also had access to the local multi-agency safeguarding procedures. Staff spoken to understood their responsibility to report any concerns.
- The provider's safeguarding log, showed what incidents had occurred, who incidents had been reported to and the actions taken. Safeguarding incidents had been reported as required. The registered manager had worked in co-operation with the local authority to ensure required actions were taken to keep people safe.
- The provider had a safeguarding committee which reviewed safeguarding alerts from all of their homes on a quarterly basis, in order to establish any learning outcomes.

Using medicines safely

- Documents to help administer when required 'PRN' medicines were in place. However, these were not always adequately person centred, nor did they always contain enough information to support staff in administration. People's allergies were not always consistently recorded across different records. This increased the risk of people receiving medicines which they were allergic to.
- The service had systems and processes in place for the safe storage, administration, and use of medicines. However, these systems were not always effective. For instance, temperature monitoring of medicines storage areas was undertaken, but the results were not always escalated when necessary.
- Information on how people like to have their medicines was not always available to staff. This information is helpful to ensure individuals get medicines appropriately, in a person-centred way.
- People's medicines were not fully embedded in care planning and risk assessments. For example, physical health monitoring was in place for 1 person in relation to their medicines, but care plans did not identify

actions to take when results fell outside of the recommended range.

- The provider regularly completed medicines audits. However, they did not always clearly document actions to be taken and who these were assigned to. Nor was there written evidence that these were followed up to ensure that they had been effective.
- Good working relationships with other healthcare professionals were observed during a multidisciplinary team meeting. Records showed a detailed reflection of discussions relating to individuals. Records showed people had their medicines as the prescriber intended. Staff demonstrated a good understanding of medicines and the needs of the people at the home. Staff were up to date with their medicines training and competency assessments.

Assessing risk, safety monitoring and management

- The provider had processes to minimise the risk of fire and staff had undertaken fire training and drills. People had a personal emergency evacuation procedure (PEEP). Fire procedures were displayed and fire exits were clear. A new fire risk assessment had been completed and the provider was awaiting the report. People's outdoor mobility scooters continued to be charged safely. We saw an indoor electric wheelchair was charged in the person's bedroom, as per their wishes, which was a potential risk. This was raised with the registered manager who discussed this with the person and an alternative arrangement was made.
- The legionella risk assessment had been updated since the last inspection and action was being taken to address the issues identified. The provider ensured equipment and utility safety checks were completed as required.
- There was relevant signage in place to inform people of any potential risks. We found the lock on a cupboard containing asbestos was broken. We spoke with the registered manager who ensured this was immediately addressed.
- Staff assessed any potential risks to people and where risks were identified appropriate measures were taken to mitigate them. A relative told us, staff had identified their loved one was at risk upstairs at night, so they had been offered a downstairs room. Another relative confirmed their loved one had the required equipment to keep them safe, which we saw. A third relative told us their loved one had a pressure relieving mattress. They commented, "Staff are very good with this, staff know the setting." Staff demonstrated a good knowledge of potential risks to people and how they were managed.
- We noted in a person's care plans, although the risks to them from developing pressure ulcers had been mitigated, their records needed to be reviewed to ensure they were consistent. The records contained conflicting information about how often they were to be re-positioned. The daily records showed staff had actually followed the latest guidance provided.
- Whilst some people needed a higher level of security to keep them safe, others were able to come and go at will. A person told us they had a key fob, so could come and go as they wished.

Staffing and recruitment

- Most people felt there were sufficient staff, although some would have liked to see more. Feedback included, "There are enough staff" and staff "Seem very busy." Some people reported on occasions call bells could take a little longer than they would like to be answered. The registered manager was aware and was monitoring the response times and working with staff on improving them. The registered manager kept staffing requirements under regular review. The home was staffed at the assessed level to meet people's current needs.
- The home was fully staffed and there were no staff vacancies. Staff shifts were each led by a team leader, to co-ordinate and allocate care staff's work.
- The provider ensured required pre-employment checks were completed for permanent staff and agency staff used to cover any staff absence.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to see their visitors when and where they wished.

Learning lessons when things go wrong

- People's care plans contained guidance for staff about what they should report and to whom. Staff understood their responsibility to report incidents. A staff member said, "If we identify an issue it goes on a body map, we take a picture and write up what happened." Staff understood the need to follow the falls protocol, for example, if a person experienced a fall, to ensure their safety and welfare. People's care plans were then updated if required. The registered manager reviewed any incidents and shared any learning with staff.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection there had been a failure to ensure lawful authority was in place where people were deprived of their liberty. This was a breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's involvement and agreement with their care plan was documented on the provider's electronic care planning system, where they had the capacity to consent to their care. A person said, "Staff always seek my permission before doing anything."
- The provider ensured lawful authority was in place when people were deprived of their liberty. Staff identified when people lacked the capacity to consent to specific decisions about their care and completed a MCA and made a best interest decision involving relevant parties. Staff had submitted DoLS applications to the relevant authority where people lacked the capacity to consent to restrictions upon their freedom. Staff could check the provider's electronic care planning system to identify if a person was subject to DoLS and any restrictions in place.
- Staff were up to date with the provider's MCA training which they were required to update every 2 years.

They had also been provided with external training. Staff we spoke with were secure in their knowledge and had access to the provider's guidance.

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

At our last inspection there had been a failure to ensure all of people's care needs had been assessed. This was a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People had their physical, mental health and social care needs assessed and they had relevant person centred care plans to support the delivery of their care. Staff were all able to access information about people's care needs on the provider's electronic care planning system, which staff confirmed they had read.
- Staff used recognised tools to support them when assessing and planning the delivery of people's care. They used tools to assess the risk to people from pressure ulcers, pain, dehydration and weight loss, for example. The provider's policies reflected up to date guidance.
- People's needs related to their protected characteristics under the Equality Act 2010 were documented within their care plan and how these were to be met, to ensure there was no discrimination. Staff had completed the provider's training in equality and diversity.

Staff support: induction, training, skills and experience

- All staff, including agency staff received an induction to their role when they commenced work. Staff told us, "Agency staff get a proper induction, they get paired with a senior care assistant." Staff were up to date with the provider's training. People confirmed staff had the skills required. Their feedback included, "Oh yes staff seem to have the right training" and "They [staff] seem to know what they are doing." Staff cared for an increasing number of people who were living with dementia. Staff had undertaken training in dementia awareness and how to support people living with dementia when expressing their feelings or emotional reactions.
- Staff received regular supervision of their work either in groups or one to one, which enabled them to reflect on their work and to receive updates. Staff confirmed they had the opportunity to complete further professional qualifications in social care.

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

- Staff had assessed potential risks to people associated with both their eating and drinking. People's risks associated with choking, weight loss and dehydration had been assessed and where risks identified care plans were in place. There was written guidance for staff about people's hydration targets and their input was monitored and any issues acted upon. People at risk of weight loss were on fortified diets, to increase their calorie intake.
- Staff had clear guidance where people had been assessed by the speech and language therapist (SALT) as requiring a modified diet to manage the risk of them choking. Staff, including kitchen staff and care staff understood people's individual dietary requirements and training, information and processes were in place to ensure people only received meals and drinks of the assessed consistency for their needs.
- People had a choice of nutritious meals provided. They ate their meals when and where they wished to. We observed lunch was served in a calm and relaxed manner and people enjoyed their meals. A person told us, "We have a good chef, he knows us all." Relatives said, "[Name of loved one] is very happy with the food" "[Name of person] eats well and gets plenty."

Staff working with other agencies to provide consistent, effective, timely care

- The provider had systems and processes in place for staff to share information both internally and to make referrals to professionals externally as required. Staff attended a weekly multi-disciplinary meeting with health professionals, where any issues related to people's health or medication were discussed.

Supporting people to live healthier lives, access healthcare services and support

- Staff had access to information about people's medical diagnoses, to inform and guide them. Staff identified any potential risks to people's health and made relevant referrals. A person confirmed, "Staff contact the doctor if required or if they are not sure."
- People had oral health care plans to ensure their dental care needs were met and staff had completed relevant training. Staff told us, "People have allocated dentists and if people cannot go they out [they] have a mobile dentist." This ensured people's oral healthcare needs were met.

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

- People had access to a variety of communal spaces within the home, where they could see their visitors, participate in activities or have quiet time. The home has extensive, accessible gardens. We saw there was increased signage to help orientate people living with dementia.
- Two relatives reported they felt the environment was a 'bit tired' in places. We noted improvements could be made to support the increasing number of people accommodated who were living with dementia. For example, the corridors were the same colour, which did not help people living with dementia to orientate themselves. The registered manager was aware of this and advised they were in the process of reviewing the environment, with a view to re-decorating the service to better reflect and meet people's changing needs.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

At our last inspection the provider and the registered manager had failed to operate systems effectively to ensure regulations were met. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Measures were in place to manage known risks. Identified risks in relation to fire had been acted upon. This included risks related to fire safety, safety of premises and equipment. The registered manager completed a daily walk around of the building, in order to identify any areas which required attention.
- The provider's electronic care planning system enabled staff to complete a range of mandatory risk assessments for people and customised risk assessments. The registered manager used the system to monitor staff's completion of people's assessments, risk assessments and daily care records. When they identified any issues, these were addressed. The registered manager monitored trends for people in areas such as falls and weight loss and acted upon any emerging trends.
- The new deputy manager supported the registered manager to complete a range of regular audits of the service, in relation to care planning, infection control, call bell response times, re-positioning of people, food and fluid intake and people's weights. Although we were shown evidence of the actions taken to address issues identified within the care plan audits, staff needed to ensure they also recorded this on the audit template, to provide a clear record of the actions taken. The provider has since amended the template, to make this requirement clearer.
- The care homes director continued to provide regular support to the registered manager, monitoring and oversight of the service. The provider's property and quality team visited the service regularly and there was a service improvement plan. The provider ensured required actions from a range of sources including audits and feedback were rated according to their level of risk and progress was tracked and jointly signed off following completion. This enabled the provider to identify areas for improvement, monitor and evaluate the progression of identified actions at a corporate and location level.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was consistent and readily available to people, relatives and staff. People and relative's feedback included, "[Name of registered manager] comes and has a chat, she is very good," "Yes

very well managed" and "Any issues [registered manager] sorts."

- The registered manager was supported in their role by the shift leaders and the new deputy manager, who was completing a professional leadership qualification. The provider's learning and development team ran an internal leadership and management course for staff in a leadership role. The registered manager was motivated in their role and had recently started an external leadership course, aimed at new managers. Resources and training were in place to ensure there was sufficient leadership of the service and to develop leaders skills.
- The provider's values which underpinned the delivery of people's care were set out in their statement of purpose. The registered manager monitored the culture and morale within the staff team. Staff told us the registered manager and the deputy manager assisted them on the floor if required. A staff member said, "We've worked hard to improve and help each other, morale and confidence is boosted, staff are not afraid to ask about how to do things." Another commented, "I can suggest ideas."
- The previous CQC ratings were displayed both on the provider's website and visibly within the service as required. The registered manager had ensured statutory notifications were submitted to CQC as required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to the duty of candour. Relatives confirmed they had been informed of incidents.

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

- The registered manager was visible and completed a daily walkaround, so people could speak with her directly. We also observed she was regularly present on the floor throughout the day. The provider had processes to seek people's views, such as reviews of care, the chef spoke with people daily and there was an annual survey. The provider had also commenced a process to contact relatives at each of their homes as part of a rolling programme in order to seek their views. In addition a relatives meeting was planned. The registered manager had taken action in response to feedback.
- There were links to the local community. People went out if they wished, a relative confirmed they took their loved one out to church. The activities staff member was temporarily absent and care staff were covering their work. Staff had arranged for 3 people to attend a local community centre, which they had enjoyed. They had met new people and made new links. Staff's views were sought through their supervisions, handovers and meetings.

Working in partnership with others

- Staff worked openly and collaboratively with relevant external stakeholders and agencies. They worked in partnership to ensure people received joined up care. Professionals told us the registered manager was proactive in contacting them about any concerns.