

Burlington Care Limited

# The Lawns Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

The Lawns Care Home is a residential care home providing accommodation and personal care to up to 62 people. The service provides support to older people and people living with a dementia type illness. The Lawns Care Home accommodates people in one adapted building across two floors, with several communal areas and an outdoor garden space. At the time of our inspection there were 46 people using the service.

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

The management of people's medicines had improved. However, further guidance was needed for medicines to be taken on a 'when required' basis and medicines with a variable dose. Records for the application of creams and lotions were not always complete. We have made a recommendation about the recording of medicines.

The provider's oversight of the service had improved. More robust systems and processes had been implemented. However, systems and processes needed to become further embedded and maintained. We have made a recommendation about this.

Risks to people were assessed, monitored and managed. Some care plans provided staff with good information and guidance to keep people safe. Some care plans contained inconsistent information and lacked clarity, but staff confirmed they received all relevant up to date information in daily handovers and meetings.

People's nutrition and hydration needs were appropriately assessed and people who required modified diets received these. Some staff did not have a clear understanding around high calorie drinks, and this was addressed by the manager immediately.

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.

There were enough staff to provide safe care to people. Safe recruitment procedures were in place. The service was clean, tidy and well maintained. Lessons were learnt when things went wrong, and good improvements had been made since our previous inspection. People told us they felt safe and were well supported.

The culture and atmosphere in the service was much more positive than our previous inspection and staff told us they were happy. Staff, relatives, professionals and people spoke extremely positively about the manager and the improvements made.

The manager had built good relationships with professionals and made timely and appropriate referrals.

People were involved in the service and relatives were kept up to date. The provider and the manager were welcoming, open and honest throughout the inspection process.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 14 April 2022) and there were four breaches of regulation. 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 regulation.

This service has been in Special Measures since 14 April 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating.

The overall rating for the service has changed from inadequate to good based on the findings of this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lawns Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation in the safe key question in relation to the management of medicines. We have made a recommendation in the well-led key question in relation to audits. Please see these sections for further details.

#### 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 well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# The Lawns 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors, a pharmacist specialist and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Lawns 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 Lawns 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 service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection, the service had a manager who was in the process of becoming registered with the CQC.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 17 August 2022 and ended on 23 August 2022. We visited the location's service on 17 August 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the action plan completed by the provider following our previous inspection. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with 14 members of staff including the manager, senior care workers, care workers, kitchen staff and domestic assistants. We also spoke with the regional manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two professionals who worked closely with the service.

We reviewed a range of records. This included six people's care records, three staff recruitment files and multiple medication records. A variety of documents relating to the management of the service, including policies, training records, maintenance records and quality assurance documents were reviewed.

# 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.

### Using medicines safely

At our last inspection, medicines were not safely managed and were not administered as prescribed. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) 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 12.

- Staff managed medicines safely, and people received their medicines as prescribed. The medicine rooms were clean and tidy, and the organisation and oversight of medicines had improved.
- Some further improvements were needed within the guidance and records around the administration of creams, 'when required' medicines, and medicines with a variable dose. Guidance and records for some people were inconsistent or did not contain enough detail.

We recommend that the provider considers reviewing best practice guidance around the recording of creams, 'when required' and variable dose medicines.

- The manager responded immediately following our feedback and implemented more robust records and guidance. The manager also sought medicines support from relevant professionals.

### Assessing risk, safety monitoring and management

At our last inspection, risk was not safely managed, including risks associated with nutrition and hydration. This was a breach of regulation 12 (safe care and treatment) and 14 (meeting nutritional and hydration needs) 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 regulations 12 and 14.

- Staff appropriately assessed, monitored and managed risks to people. Robust risk assessments were in place for key risks such as medical conditions, nutrition, falls and skin integrity. Staff appropriately encouraged positive risk taking.
- Care plans contained and recorded up to date information for each person. Some care plans also

contained information which was now out of date. However, staff told us robust and thorough handovers took place every day, so staff always had up to date information about risks to people and their needs.

- Kitchen staff had accurate and up to date information about people's dietary needs. People who required modified diets received these. Some care workers did not have a clear understanding about providing high calorie drinks to people throughout the day. The manager reviewed staff training and knowledge in this area immediately after our feedback.
- Where people were at risk of dehydration, staff monitored and recorded their fluid intake daily. The manager shared any concerns about a person's fluid intake with the staff team immediately, and appropriate action was taken.
- The manager ensured fire drills were taking place regularly. Staff told us they now felt confident about safe fire procedures and they would know what to do in the event of a fire.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service was working within the principles of the MCA. Where needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

### Staffing and recruitment

At our last inspection, staffing was not always suitable to support people's needs and appropriate recruitment records were not always in place. This was a breach of regulation 18 (staffing) and regulation 17 (good governance) 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 18 and 17.

- There were enough staff to provide safe care to people. The provider had recently recruited several permanent staff members. Agency staff were still used but further recruitment for permanent staff was ongoing.
- The provider had identified the need to improve how they deployed staff at mealtimes and was in the process of trialling different ways of doing this, to provide a more positive experience for people.
- The provider had safe recruitment procedures in place. The provider carried out appropriate pre-employment checks to ensure new staff members were suitable for the role.
- Agency profiles were obtained before any agency worker was able to start a shift at the service. Agency workers were given appropriate inductions to help them support people safely.

### Preventing and controlling infection

At our last inspection, the premises were not always clean, hygienic or well maintained. This was a breach of



regulation 12 (safe care and treatment) 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 12.

- An effective infection control system was in place. Significant improvements had been made in this area.
- 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 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 prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

At our last inspection, lessons were not always effectively learnt when things went wrong. This was a breach of regulation 17 (good governance) 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.

- The provider learned lessons when things went wrong. The provider had implemented comprehensive and robust action plans to ensure this took place. The manager worked closely with professionals to make improvements to safety.
- The manager regularly shared information with staff in meetings and supervisions to improve practice.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, there was a failure to protect people from the risk of harm. This was a breach of regulation 12 (safe care and treatment) 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 12.

- Staff protected people from the risk of harm. They had received safeguarding training and knew what to do if they had any concerns. One person told us, "It is nice here, I am well cared for. Staff are nice and respectful, and they are there if you need them."
- The provider had made improvements throughout the service to keep people safe and the manager understood their responsibilities to follow local safeguarding procedures. Relatives told us people were safe and well supported. Comments included, "[Name] is most definitely safe, we have seen improvements and

can see a difference. It is a happy place again" and, "[Name] is very safe living at The Lawns, it is a safe environment and there is always someone around."

# 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 inadequate. 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

At our last inspection, there was a failure to effectively monitor the quality of the service. This was a breach of regulation 17 (good governance) 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.

- The provider and manager had improved their oversight of the running of the service. More robust systems and procedures had been implemented to assess the quality and safety of the service.
- The provider and manager were committed to continuous improvement at the service. They regularly reviewed action plans and created future goals.
- Audits had identified some, but not all, of the concerns we found. Some areas, such as medicines and care records required further review and development.

We recommend the provider reviews their systems and processes for auditing care records, including medicines records, to ensure information is complete, accurate and up to date.

- The manager understood their regulatory responsibilities and was well supported by the provider. The manager submitted notifications to CQC in a timely manner. Services that provide health and social care are required to inform CQC of important events which happen in the service by submitting a 'notification'.

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

At our last inspection, there was a failure to evaluate and improve the service and outcomes for people. This was a breach of regulation 17 (good governance) 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.

- The provider and manager had worked hard to change the culture within the service and had created a positive, welcoming and friendly atmosphere. One relative told us, "The atmosphere is much better, and people seem much happier. I would absolutely recommend the home to others. I would not have before the last inspection."
- Staff morale had significantly improved. Staff told us they felt like a team and enjoyed going into work. Staff comments included, "It's great to work here now, the home is getting better and better" and "There have been tremendous improvements. Hygiene, staffing, everything really has improved. Staff are happy now."
- Staff, relatives and professionals spoke very positively about the manager. Staff comments included, "I can go to the manager and I know she will sort it out", and "The home is so well managed now, it is 100% better. The manager makes the time to explain things to us, so we understand. She asks if we are okay. She doesn't hesitate to help us on the floor if needed." Relatives consistently told us the manager was approachable and listened and responded to them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

At our last inspection there was a failure to always engage robustly with healthcare professionals and in a timely manner. This was a breach of regulation 17 (good governance) 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.

- Staff made appropriate and timely referrals to professionals. The manager worked closely with professionals, and we received very positive feedback. One professional told us, "They have engaged incredibly well. Communication is excellent and we can see a huge difference. They have worked really hard; the manager has been pro-active and built good relationships with professionals."
- The manager engaged and involved people who used the service. Regular 'resident meetings' took place. One professional told us, "The residents genuinely participate; they have been building and painting flowerpots in the garden."
- The provider produced monthly newsletters to keep people, relatives and staff up to date. The manager had introduced a resource library for relatives to help them better understand people's needs.
- Relatives told us communication was good and they were kept informed. Comments from relatives included, "[Staff] call and update me about things" and "You are encouraged and invited to have a catch up about [relative] with management."

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 provider and the manager understood the duty of candour. Accidents and incidents were robustly recorded and investigated. Outcomes were relayed to people and relatives where appropriate, and lessons learnt were seen as an important part of staff meetings and feedback.