

Lawton Rise Care Home Limited

Lawton Rise Care Home

Inspection report

Heathside Lane
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17 January 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lawton Rise Care Home is a nursing home providing personal and nursing care to up to 62 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection there were 55 people using the service. There were two floors and two units on each floor.

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

Infection control measures were in place to keep people safe. There was mixed feedback about the visiting arrangements the provider had in place. Following the inspection, the provider amended their visiting policy to align with government guidance at the time. There were enough safely recruited staff to support people, although there could be busy times for staff. Risks to people were assessed and planned for to try and support people safely. People were protected from abuse by staff who understood their responsibilities and knew how to recognise abuse. Medicines were managed safely. Lessons were learned when things went wrong and this was shared with staff.

Systems were in place to effectively monitor the quality and safety of care to people. There was a positive culture and people, relatives and staff were able to contribute and feedback about their experiences of the care. The management team were proactive, and people, relatives and staff felt positively about the registered manager and their approachability. The registered manager understood their duty of candour. There was a process of continuous learning and improving. The home worked in partnership with other professionals and those in the community.

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

Rating at last inspection

The last rating for this service was good (published 27 March 2019).

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about visiting arrangements. A decision was made for us to inspect and examine those risks.

We inspected and found there was mixed feedback about these visiting arrangements, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We found there was mixed feedback about visiting arrangements; however, no one had come to harm as a result of this. The provider amended their visiting arrangements during our inspection to reflect guidance at the time. Please see the safe section of this full report.

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 remained the same, good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lawton Rise 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lawton Rise 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 included checking the provider was meeting COVID-19 vaccination requirements. 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 four inspectors in total; two inspectors on the first day of our site visit and three inspectors on the second day of our site visit (one inspector was present on both days of the visit).

Service and service type

Lawton Rise Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced. Inspection activity started on 7 January 2022 and ended on 24 January 2022. We visited the service on 7 January 2022 and 17 January 2022.

What we did before the inspection

We reviewed information we had received about the service in the last 12 months. 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 used all this information to plan our inspection.

During the inspection

We attempted to speak with multiple people, however some people were unable to discuss their opinions, due to their needs. We spoke with two people who used the service who were able to speak with us. We spent time in communal areas and observed interactions between people and staff. We also spoke with 13 relatives over the phone about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, the area manager, nurses and senior care workers and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We also looked at an additional seven people's risk assessments in relation to their specific needs. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at meeting records, policies and quality assurance records. A follow up telephone call with the registered manager also took place.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- We received mixed feedback about visiting restrictions in place. The provider had imposed additional restrictions on visiting, above the government guidance. Some relatives felt this was a positive measure to give additional protection to people living at the home. However, other relatives were unhappy with the extra visiting restrictions. Despite these additional restrictions we found no direct impact on people's care. Following the inspection, the provider amended their visiting policy to align with government guidance at the time.
- We were somewhat assured the provider was using PPE effectively and safely. We observed two instances of staff not washing their hands between supporting different people. However, we fed this back to the registered manager and they agreed to address this. Other measures such as competency checks were in place to ensure PPE and hand hygiene was being practiced by staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Staffing and recruitment

- Whilst we received mixed feedback about staffing levels, we observed there were enough staff to support people safely.
- One relative said, "In terms of staff, it always seems to be well staffed. You don't have to wait ages in the corridor. There is usually someone visible."
- Staff were recruited safely. Checks were made on their suitability such as previous employment references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Risks were assessed and planned for to help keep people safe. One relative said, "I certainly have no complaints whatsoever. They [staff] do a great job of looking after [my relative]." Another relative commented, "They [staff] monitor [my relative's] weight etc."
- Where people were at risk of falling, needed support with their mobility or could experience periods of upset, there were plans in place to guide staff how to support people. Staff knew people's needs.
- Equipment was in place for those who needed it, which also matched their care plans, and we observed safe moving and handling.
- Checks were made on the building to ensure it remained safe. There were ongoing refurbishment works and measures were taken to ensure people stayed safe whilst these took place, such as locked doors when tools were present so people could not unintentionally hurt themselves.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One relative said, "As far as looking after [my relative] and staff wise, they are fantastic."
- Staff understood their safeguarding responsibilities, could recognise different types of abuse and knew how to report concerns.
- There was evidence of safeguarding referrals being made and the management team understood their responsibilities too.

Using medicines safely

- Medicines were managed safely.
- Medication Administration Records (MARs) were in place to document people receiving their prescribed medicines. Stock levels matched these records so we could tell there no missed or extra doses which had not been identified.
- Guidance was available for 'when required' medicines, also called PRN medicines.
- Medicines were stored safely, and checks were made on this to ensure it remained the case.

Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- There were regular reviews of people's health and well-being in order to identify changes, such as clinical reviews of falls and weight loss. Checks were made to see if there were any trends. For example, if concerns had been in one particular unit of the home, so there could be a focus there to see if changes needed to be made.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives felt there was a positive culture. One relative said, "In regard to [my relative] they [staff] are fantastic; they are a really good team." Another relative said, "Nursing staff and those working with [my relative], I have been incredibly impressed with; they [staff] genuinely care for [my relative]. I have nothing but admiration for the way [my relative] has been treated."
- Comments from other relatives included, "To be honest, I have always been happy. They [staff] are friendly and accommodating" and, "I cannot praise Lawton Rise enough; they are wonderful. I can't speak highly enough of them."
- The registered manager described to us their ambition for the service to support those living there, "I want the home to be a person-centred happy place where people can come and have a lovely quality of life." We saw examples of where people had been supported to reminisce and partake in activities and events that were tailored to their needs.

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 duty of candour. They explained, "It's being open and honest with everyone involved. If something does happen in the home, it's being transparent. Look at why it happened, what happened and what we're doing to mitigate risk and lessons learned."
- Notifications were submitted as necessary. Notifications are events providers are required to inform us of by law. The previous inspection rating was being displayed on the provider's website, as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Effective quality assurance systems were in place to monitor the safety and quality of the service. A relative said, "[Registered manager] is really good. [Registered manager] is so approachable, and they are so caring, they are fabulous."
- Checks were in place to monitor medicines, such as peer checks and monthly audits. Other checks were also in place, such as infection control audits,
- A 'Resident of the Day' process was also in place whereby aspects of a person's care were reviewed, such as medicines and whether care plans and risk assessments were in place.
- The registered manager also audited the content of care plans and risk assessments to ensure they were detailed enough. We saw when instructions had been given to re-write care plans in order to improve them.

- The registered manager had developed a care planning guide for staff involved in developing people's care plans, to help them include enough detail and ensure they are personalised for each person.
- There was a leadership team in place who could support the management of the home when the registered manager was not at work.

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

- People and relatives felt able to give feedback about the service. One person said, "If I want to complain, I talk to staff, they sort it out."
- One relative said, "I have had the odd concern, I spoke with [registered manager] and they sorted it out straight away for me" and they went on to say, "They [staff] always keep me informed." Another relative said, "I've always been really pleased with the care [my relative] gets. If there is anything [wrong] it gets mentioned and it is dealt straight away."
- Staff generally felt supported in their role and felt able to feedback their opinions. One staff member said, "I could go to [registered manager] about anything, I feel supported."
- There were resident, relative and staff meetings and surveys, where people were given the opportunity to discuss their opinions and be updated about matters in the home.

Continuous learning and improving care

- There was continuous learning and improving of care. The registered manager and management team were proactive at looking at ways to improve things.
- There was a central action plan in place which linked to regular audits which were taking place. There were also periodic quality inspections taking place by external staff which also fed into the action plan.

Working in partnership with others

- The home worked in partnership with other organisations. There was involvement from other health and social care professionals in people's care.
- There was regular engagement with the community, such as volunteer groups, local educational establishments, local sports clubs and relatives of people who used to reside at Lawton Rise Care Home.