

Methodist Homes

Lawnfield House

Inspection report

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Date of inspection visit:
21 September 2017

Date of publication:
18 October 2017

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 ●

Summary of findings

Overall summary

We undertook this unannounced inspection on 21 September 2017. Lawnfield House is registered to provide personal care and accommodation for a maximum of 41 older people, some of whom may have dementia. The home is purpose built and accommodation is provided on the ground floor, first floor, second floor and third floor of the building. At this inspection there were 41 people living in the home.

At our last comprehensive inspection on 6 November 2015 the service met the regulations we inspected and was rated Good. At this inspection we found the service remained Good.

There were suitable arrangements to protect people from harm and abuse. Care workers were knowledgeable regarding types of abuse and were aware of the procedure to follow when reporting abuse. Risks in relation to treatment and care provided were assessed and risk management plans ensured that identified risks to people were minimised. The service followed safe recruitment practices and sufficient staff were deployed to ensure people's needs were met. The arrangements for the administration of medicines were satisfactory and medicines administration record charts (MAR) had been properly completed.

The premises were kept clean and tidy. Infection control measures were in place. There was a record of essential maintenance of inspections by specialist contractors. Fire safety arrangements were in place. These included weekly alarm checks, a fire risk assessment, drills and training. Personal emergency and evacuation plans (PEEP) were prepared for people to ensure their safety in an emergency.

The service worked with healthcare professionals and ensured that people's healthcare needs were met. The dietary needs of people had been assessed and arrangements were in place to ensure that people received adequate nutrition. People were satisfied with the meals provided.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. We noted that the home had suitable arrangements in place to comply with the Mental Capacity Act 2005 and DoLS.

Care workers worked well as a team and there was effective communication among them. They had received a comprehensive induction and training programme. There were arrangements for support, supervision and appraisals of care workers. There were enough care workers deployed to meet people's needs. Care workers had been carefully recruited and their files contained the required documentation. We noted that the Disclosure and Barring Service (DBS) check of one care worker was over six years old and no updates had been obtained from the DBS. These checks are needed to ensure that care workers are fit to work with vulnerable people.

Care workers prepared appropriate and up to date care plans which involved people and their

representatives. The home had a varied activities programme to ensure that people received social and therapeutic stimulation. The service worked at encouraging people to be as independent as possible.

The service listened to people who used the service and responded appropriately. There were opportunities for people to express their views and experiences regarding the care and management of the home. Regular residents' and relatives' meetings had been held. Complaints made had been carefully recorded and promptly responded to.

Comprehensive checks of the service had been carried out by the registered manager, deputy manager senior staff in areas such as health and safety, catering arrangements and accidents. Audits were carried out three monthly by the area manager and senior managers of the organisation. They included checks on care documentation, medicines, and maintenance of the home.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Lawnfield House

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.

The inspection took place on 21 September 2017 and it was unannounced. The inspection team consisted of one inspector 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. Before our inspection, we reviewed information we held about the home. This included notifications from the home, complaints received and reports provided by the local authority.

There were 41 people living in the home. We spoke with 12 people who used the service and two relatives of people who used the service. We received feedback from two social care professionals. We spoke with the registered manager, deputy manager, chef, activities organiser, maintenance person and four care workers. We also spoke with the area manager of the organisation. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people.

We looked at the kitchen, laundry, medicines room, communal areas, garden and people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included the care records for six people, five staff recruitment records, supervision, training and induction records. We checked the audits, policies and procedures and maintenance records of the home.

Is the service safe?

Our findings

On our arrival at the home, we were welcomed by a care worker who opened the door for us. We were then greeted by the registered manager. Soon afterwards, there was an emergency involving a person who used the service and the registered manager and some care workers had to attend to the person concerned. We observed that they responded calmly and also summoned the ambulance service. Other care workers continued attending to the needs of people in an orderly manner.

People told us that they felt safe in the home and they were well treated. One person said, "There's nothing to harm you here. There's enough staff to make me feel safe." A second person said, "It's fine. There's nothing wrong here." A third person said, "Yeah, they are very good. The staff, they treat me like a human being." A fourth person said, "Oh yes, I am well looked after here. I am happy and contented. There's no bullying here." A relative said, "We thought this was the best home. There's ample security to keep my relative safe."

During the inspection, we observed that people were cleanly dressed and appeared well cared for. Care workers were attentive, welcoming and interacted well with people.

The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were available by the entrance to the home. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the CQC if needed. A small number of safeguarding concerns were notified to us and the local safeguarding team. The service had co-operated with the investigations and followed up on agreed action.

Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks of falling, choking and pressure sores. Personal emergency and evacuation plans (PEEP) were prepared for people to ensure their safety in an emergency.

There were arrangements for the recording, storage, administration and disposal of medicines. We examined five medicine administration record (MAR) charts. There were no unexplained gaps. This indicated that people had been given their prescribed medicines. This was also confirmed by people we spoke with. Audit arrangements were in place. The temperature of the fridge and room where medicines were stored had been checked daily to ensure they were within the required temperature range.

There were arrangements for ensuring fire safety. The home had an updated fire risk assessment for providing guidance on managing potential risks. The emergency lighting had been checked by contractors. The fire alarm was tested weekly to ensure it was in working condition. Fire drills had been carried out regularly. Fire procedures were on display in the home. Care workers had received fire training and were aware of action to take in the event of a fire.

We noted that one person smoked in their bedroom. This person's record contained a risk assessment and they had been provided with close supervision. The registered manager had notified the fire authorities and been advised to further discuss the matter with their fire safety advisors. The registered manager stated that they had contacted their advisors and a visit by them was pending.

The hot water temperatures had been checked monthly by the maintenance person. We noted that the temperature of the water prior to people being given a shower or bath had not been recorded. Following the inspection, the registered manager provided us with evidence that care workers had started to record the temperatures. In addition, she stated that the hot water temperatures would also be checked weekly.

The service had a record of essential maintenance carried out. These included safety inspections of the portable appliances, hoists, passenger lift and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. All bedrooms visited had window restrictors.

The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. We examined a sample of six records of care workers. We noted that all the records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom. The registered manager informed us that they had a low turnover of staff. This meant that they could provide consistency of care to people. We noted that the DBS of one care worker was over six years old and no updates had been obtained from the DBS. The registered manager explained that she was aware it was good practice to re-check every three years. However, she stated that it was not the organisation's policy to re-check after employment but should she have concerns she would re-check her employee's DBS status. The registered manager further stated that care workers were asked each year if they had any criminal convictions to ensure their fitness to work. However, this arrangement may not be adequate as care workers may not always provide accurate information for a number which would incriminate them.

People and relatives informed us that the staffing levels were adequate. On the day of inspection there were a total of 41 people who used the service. The staffing levels during the day shifts normally consisted of the registered manager, deputy manager and nine care workers. During the night shifts there were five care workers on waking duty. In addition to the care workers on day duty there were two kitchen staff, one administration staff, a maintenance person, two cleaning staff, part time chaplain and a part-time activities co-ordinator. The registered manager informed us that dependency levels of people were monitored and reviewed every three months to ensure that there was adequate staffing.

People informed us that their bedrooms were cleaned daily. The premises were clean and with one exception, no unpleasant odours were noted in the home. A relative stated that occasionally there was an odour in a part of the building. The registered manager stated that the housekeeper had been asked to monitor and shampoo the corridor on the regular basis. The home had an infection control policy together with the guidance regarding infectious diseases. There were suitable arrangements for the laundering of soiled linen. One of the assisted baths had a steam self-cleaning facility. This ensured that the bath was easily kept clean.

The local environmental health officer had inspected the kitchen in October 2016 and no concerns were noted. The kitchen was visited by us and found to be clean.

We reviewed the accident records. Accidents forms had been fully completed and signed. Where appropriate there was guidance to care workers on how to prevent a re-occurrence.

The service had a current certificate of insurance and employer's liability.

Is the service effective?

Our findings

People using the service told us that care workers were competent and they were satisfied with the care provided. One person said, "I have no complaints. Nine out of ten for staff and the same for the manager." A relative said, "The staff are very attentive and prompt. They encourage people to be as independent as possible. The staff said my relative eats the food. I have seen my relative enjoy the food." A social care professional stated that care workers were quite competent, friendly and respectful."

People's healthcare needs were closely monitored by care workers. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their mental state or health problems. Visits by healthcare professionals had been logged. We saw evidence of recent appointments with healthcare professionals such as people's physiotherapist and GPs. The registered manager stated that they used eight different GP surgeries and they had monthly visits by two of the main GP surgeries. She added that other GP visits would be on an as required basis based on the health and well-being of people.

Arrangements were in place to ensure that the nutritional needs of people were met. People's needs had been assessed using the MUST (Malnutrition Universal Screening Tool): This is a method used to work out a person's risk of nutritional problems so that support or referral to specialist professionals can be arranged if needed. This method included checking their medical history, dietary history weight and other information. Care workers were aware of the special dietary needs of people such as diabetic diets and soft pureed diets. We observed people having their lunch and spoke with them. They told us they were satisfied with their meals. To ensure that people received sufficient nutrition, monthly weights of people were documented in their care records.

Care workers were well trained to ensure they could meet the needs of people. We saw copies of their training certificates which set out areas of training. Topics included moving and handling, health and safety, Mental Capacity Act and safeguarding. Care workers confirmed that they had received the appropriate training for their role.

The service had a low turnover of staff. Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. The deputy manager informed us that one care worker had completed the Care Certificate. This course is comprehensive and has an identified set of standards that care workers work through with their trainer. The registered manager stated that new staff would be enrolled on the Care Certificate if they have no background experience of care work. The deputy manager had also completed the Care Certificate Assessor's training and was overseeing the Care Certificate programme.

Care workers said they worked well as a team and received the support they needed. Records of care workers contained evidence of supervision and appraisals meetings. Care workers we spoke with confirmed that these took place and we saw evidence of this in their records.

We checked whether the service was working within 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 mental 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. 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. We saw that mental capacity assessments had been carried out. Where people lacked capacity, details of their advocates or people to be consulted were documented in the assessments. Care workers were knowledgeable about the importance of obtaining people's consent regarding their care, support and treatment.

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. We noted that authorisations were in place and the CQC had been notified.

Is the service caring?

Our findings

People spoke highly of care workers and informed us that they were caring. One person said, "They don't scoff, laugh or make fun of you. Yes, they do knock on my door before coming in." Another person said, "Yes, they do let me choose what I want to do. They ask me what time I want to get up." A third person said, "They make me feel good when I am having personal care. It works fine in here." A relative said, "They interact with my relative and other people and are very caring."

We observed that care workers interacted well with people. Care workers smiled and talked with people in a friendly manner. People looked comfortable with care workers. Care workers treated people with respect and dignity. We saw care workers knocked on people's bedroom doors and waited for the person to respond before entering. Doors were closed when personal care was provided. This ensured that people's privacy was protected. Our "expert by experience" noted that there was an atmosphere of friendliness and attentiveness. She saw that people appeared well cared for and the feedback from people regarding care workers was positive.

They service had a policy on promoting equality and valuing diversity (E & D) and respecting people's individual beliefs, culture, sexuality and background. Priests and officials from the local religious denominations visited their members in the home. People had also had lunch in the premises of a local religious organisation during Christmas. We noted that the menu was varied and included multi-cultural dishes such as Jerk chicken, Chow Mein noodles, Indian Biryani, Mediterranean cuisine and Sunday roasts.

Care plans included information that showed people had been consulted about their individual needs including any special preferences, their spiritual and cultural needs. Regular meetings had been held where people could express their views and be informed of any changes affecting the running of the home such as activities, meals and laundry were discussed. These minutes of meetings were prepared by people who used the service.

Effort had been made to provide a pleasant environment for people and help them feel at home. People living on each floor had the use of a small quiet lounge. These lounges were distinctively decorated reflecting different themes. In one there was an attractive period dressing table while in another there was an old fashioned radio. Equipment such as hoists, grab rails and air mattresses had been provided to assist those with mobility difficulties. The covers of vinyl music records and pictures of pop stars known to many older people such as Elvis Presley, Max Bygraves and Cliff Richard were on display outside the lounges.

The garden at the back of the home was attractive and well maintained. The bedrooms were well-furnished and had been personalised with people's own ornaments, bone china and other furnishings according to their preferences. Pictures of people were on the doors of the bedrooms.

The home had a birthday list. The deputy manager stated that birthdays of people had been celebrated in the home. The registered manager informed us of an example of good practice. She stated that a person who used the service for whom there was a DoLS authorisation wanted to return to his country of origin. The

home then informed this person's advocate and family. After the legal procedures and arrangements had been put in place, this person was able to return to his home country.

Is the service responsive?

Our findings

People informed us that they were satisfied with the care provided and care workers were responsive to their needs. They stated that there was a variety of activities in the home. One person said, "The activities are lovely. I like playing bingo and skittles. I like the films-especially thrillers. We have been out a couple of times to the cinema and for meals." A relative said, "I was directly involved with all the assessments and care plans. They always try to stimulate residents by suggesting things to do." A social care professional stated that the care provided was person-centred.

The care needs of people had been carefully assessed. These assessments included information about a range of needs including those related to the premises, mobility, mental health, skin condition and communication needs. Care plans were then prepared by care workers. People and their representatives were involved in planning their care and support. Care records contained photos of people so that they could be easily identified by care workers. Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of people.

We discussed the care of people with diabetes. Diabetes care plans were in place for people who needed them. Care workers were aware of the dietary needs of people and potential complications which may be experienced by people with diabetes. We discussed the care of people with pressure ulcers. We noted that pressure sore risk assessments were in place. The registered manager stated that none of the people in the home had pressure sores.

Formal reviews of care had been arranged with people, their relatives and professionals involved to discuss people's progress. We also noted that the home carried out its own regular evaluations of care plans.

The home had a varied and regular programme of activities to ensure that people received adequate social and therapeutic stimulation. Activities were discussed on admission and people's preference documented in their care plans. Activities provided included outings to the bowling centre, London Zoo, restaurants, gentle exercises, arts and crafts and pet therapy. On the day of inspection we saw some people engaged in gentle exercise and participated in a music session. The home had a part time activities organiser. Activities provided were discussed at residents' meetings. This was to ensure that activities were relevant and what people wanted.

The registered manager informed us of examples of good practice. She stated that they used a "Reality Orientation with Compassion method" to enable people to be orientated and more aware of self and their surroundings. This was done in their newspaper group sessions. People wrote their names on a name label. They could also write the name of the person sitting next to them as this stimulated conversation and questioning skills. She stated that following this, they had noticed significant improvement with some people's memories and orientation. She stated that some people who were previously unable to write down their own names could now write their own names down as well as other peoples' names. People were also aware of the time and date. The home also had a clock and a date board on display on each of the four units of the home so that people were able to see the date and time.

In the newspaper group people had the opportunity to choose which subjects they would like to discuss from newspaper articles and pictures. Care workers brought in newspapers for people to read. The registered manager stated that they had noticed the increase in demand for newspapers by people.

Our "expert by experience" noted that care workers encouraged people to do as much for themselves as possible, like adding their own milk, sugar and getting in and out of chairs. She also stated that one person had a one to one session in with a care worker.

The home had a complaints procedure. We examined the complaints recorded in 2017. These had been promptly responded to.

Is the service well-led?

Our findings

The feedback we received from people and their relatives was positive and they expressed confidence in the management of the home. One person said, "Everything's nice. I am happy here. I can talk to the manager." A relative stated, "Yes, I feel that the home is well managed. I am satisfied with the care provided for my relative." A social care professional stated that the service kept good records and management was honest, open and fair. We noted that the local authority had carried out a quality monitoring visit in February 2017. The report indicated that the home was well managed and no serious concerns were identified.

The home had won an award for excellence in care. They were given a score of 10 out of 10 by an independent organisation rating care homes across the country. The score was the result of analysis of reviews and comments made by relatives of their experience of the home. The home was the first home within their organisation to achieve this.

The home had effective quality assurance systems for assessing, monitoring and improving the quality of the service. Comprehensive checks of the service had been carried out by the registered manager and deputy manager in areas such as cleanliness of premises, catering arrangements, fire safety, medicine administration and care documentation. Audits had been carried out by the area manager and senior staff of the organisation. We noted that improvements had been made when needed.

There was a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Care documentation and other records associated with the running of the service were up to date and well maintained.

The service had commenced its 2017 satisfaction survey. The previous survey carried out in 2015 indicated that people were mostly satisfied with the care provided. An action plan was in place following the last survey and action had been taken following the findings.

The home had a clear management structure. The registered manager was supported by a deputy manager, an administrator, a team of care workers. The home had an effective communication system. Hand-over meetings took place at the beginning and end of each shift. Care workers informed us that there were meetings where they regularly discussed the care of people and the management of the home. Care workers stated that communication with their managers was good. They had confidence in the management of the home and found their managers approachable.

The home had a record of compliments received. Comments recorded included the following:

"Thank you all so much for the way you cared for my relative."

"Thank you for treating my relative with such care, dignity and respect."

"Thank you so much for the excellent care and support that Lawnfield House provided for my relative."

"I always felt that my relative was content and comfortable and well looked after."