

Lawton Manor Care Home Limited

Lawton Manor Care Home

Inspection report

Church Lane
Church Lawton
Stoke On Trent
Staffordshire
ST7 3DD

Tel: 01270844200

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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

Lawton Manor is a care home providing accommodation, personal and nursing care for up to 63 older people in one adapted building. Most of the rooms have en-suite facilities. Communal bathing and toilet facilities are also located throughout the care home. At the time of our inspection, the care home was accommodating 30 people.

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

The management and administration of medicines was robust with clear procedures in place. The management of people's 'as required' medicines was safe with clear and consistent records were in place.

People's care plans and risk assessments were detailed and reviewed regularly. They reflected people's individual needs and preferences. People who used the service told us they felt well cared for. They said staff were extremely kind and responsive to their needs.

The staff and management team worked closely with health and social care professionals to ensure the best outcomes for people.

People were protected from the risk of abuse. Safeguarding policies and procedures were in place. Staff had received training and understood how to keep people safe and who to report to if they had any concerns.

All areas of the service were clean and well maintained. Safety checks of the premises and equipment had been undertaken. People had personal emergency evacuation plans (PEEPs) in place.

There were a range of activities available for people and this included group and one to one interaction. People's rights to privacy, dignity and independence were respected. People's views about the service were listened to and acted upon.

There were effective systems in place to monitor the quality of the care provided. The management team identified and promptly addressed any areas identified for development and improvement.

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.

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 17 December 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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 Lawton Manor 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 effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Lawton Manor 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 Care Act 2014.

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 one inspector.

Service and service type

Lawton Manor 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider

information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and four relatives about their experience of the service? We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We observed further interactions between staff and people in communal areas. We spoke with six members of staff including the registered manager, deputy manager, chef, housekeeper, healthcare assistant and care home assistant. We spoke with a visiting healthcare professionals. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to safe recruitment and training. Policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

Systems and processes to safeguard people from the risk of abuse

- There were systems in place designed to safeguard people using the service from abuse. This included training for staff alongside safeguarding policies and procedures.
- Staff were aware of their role and responsibilities in reporting any concerns of abuse appropriately. One staff member said; "We have regular safeguarding training and it is often discussed in team meetings. I know what I need to do and who I need to report it to."
- Relatives told us they felt their family members were safe. Their comments included; "I no longer need to worry about [Name] as I did when they were at home as I know they are safe and well cared for" and "I know [Name] is safe and they use the call bell if they need anything."

Assessing risk, safety monitoring and management

- Risks to people had been identified, mitigated and kept under regular review. This included information on steps to be taken to minimise risk.
- Staff told us they knew what to do to reduce known risks in line with each person's risk assessments. One member of staff told us; "Some people need repositioning in their bed every few hours. There is always a plan in place telling us what to do and we complete a repositioning chart to show that it has taken place."
- The service was well maintained and clean. The provider had systems to monitor the safety of the environment and equipment in the home.
- The provider had undertaken fire safety risk assessments and there was an emergency evacuation plan in place. People had individual personal emergency evacuation plans (PEEPs) which included how many staff members and which aids were required to evacuate.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. People and relatives confirmed this. There was a high level of agency use due to staff sickness. The registered manager told us they block booked agency staff who knew people well for continuity.
- The provider followed safe recruitment practices. Staff files showed the provider had completed appropriate checks prior to the commencement of employment. This included requesting and receiving references from previous employers; and checks with the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Where necessary, evidence of up-to-date registration with the nursing and midwifery Council (NMC) was available.

Using medicines safely

- Systems were in place for the safe management of people's medicines.
- People had detailed medicines care plans in place that included an up-to-date photograph of the person, details of any allergies, instructions and guidance for 'as required' (PRN) medicines.
- People were supported by competent staff who were trained and followed systems and processes to receive, administer and record medicines safely.
- Medicine administration records (MAR) were accurate and up-to-date. All medicines, including controlled drugs, was stored safely
- There were systems in place to reduce errors, including stock checks and audits by senior staff.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider facilitated visits to people in accordance with government guidance. People were able to see their friends and relatives at a time that suited them and were supported by staff to do so.

Learning lessons when things go wrong

- There were systems in place to learn lessons, including when incidents and accidents occurred. This included putting measures in place to reduce the risks of them happening in the future.

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 good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had undertaken pre-admission assessments to ensure they were able to meet people's care needs prior to admission to the service.
- Pre-admission assessments included information about each person's allergies, preferred communication methods, medical history, mobility needs and dietary requirements. The service admitted people for both long term stays and shorter rehabilitation or respite stays where this was required.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were competent and had the skills required to perform their roles. One person told us; "All staff are lovely and know what they are doing" and a relative said; "I think the staff are well trained and they are attentive."
- Staff had received regular training and refresher updates. Training included safeguarding, infection control, moving and handling, fire safety and a range of other topics required to meet people's diverse needs. For example; Dysphagia training for people at risk of choking.
- Staff spoke positively about the training they received. Comments included; "I like getting new learning and skills" and, "I enjoy the opportunity to learn new things and putting it into practice."
- Staff received supervision and also attended daily handovers. They told us that the registered manager used 'lessons learned' supervision which they had found useful and a positive way to learn from accidents and incidents or other events that had occurred.

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

- People told us they enjoyed the food and were always offered a choice. They said snacks and drinks were offered throughout the day.
- People had been asked about their favourite foods, likes and dislikes. People told us the chef regularly spoke to them and asked for feedback about the meals and menu's.
- Where people were unable to eat independently, staff assisted them in a kind, unrushed and dignified way.
- When concerns had been identified regarding people's weight or risk of choking, referrals had been made to dieticians or speech and language therapists (SaLT). Guidance was incorporated into people's care plans to ensure they received the right support.

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

- Staff supported people to maintain their health and wellbeing. People and their relatives told us they were

able to access healthcare professionals when they needed to. One relative told us; "The staff have promptly arranged for [Name] to be seen by the GP, SaLT, optician and also supported [Name] to understand what has been discussed."

- Visiting healthcare professionals completed a record of their visit and it included guidance for staff to follow to meet people's individual needs.
- Two healthcare professionals told us; "Staff always carry out any tasks we request" and "Staff are extremely helpful and responsive."

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

- The environment was suitable and accessible for people who lived at Lawton Manor. This included signage to assist people to navigate their way around the service.
- People had their own bedrooms, which they had personalised where they wished. People who required pressure-relieving air-flow mattresses had these in place. People who had a history of falls, had monitoring equipment in place with the required documentation relating to capacity and consent supporting all decision making.
- The registered manager told us the service was due to undergo a period of planned redecoration and refurbishment which had been delayed due to the prolonged impact of COVID-19.

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

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.

- Staff had received training and demonstrated their knowledge by describing the principles of the MCA.
- Throughout the inspection we observed staff asking people for consent prior to any care or support being offered.
- Staff had completed mental capacity assessments, best interest decisions and submitted DoLS applications to the local authority. This involved any interested parties (such as relatives or healthcare professionals) and was decision specific in accordance with legislation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people being cared for by staff that demonstrated patience and kindness. They were caring and compassionate in their interactions. One person said; "Some of the staff are exceptionally kind and caring, they will go out of their way to help."
- Relatives spoke highly of the staff. Their comments included; "Staff are great, really lovely", "Staff know [Name] really well and, "All the staff are very kind and caring."

Supporting people to express their views and be involved in making decisions about their care

- Staff followed people's chosen routines and preferences. For example; people chose when to get up and go to bed, they chose what to wear and staff respected this.
- People's care plan records included information about their preferences in relation to how they wished to be cared for. This meant people's individual views were valued.
- People were supported to make everyday choices. The registered manager involved people by seeking their views through regular residents' meetings. They acted upon people's views through 'you said, we did'. For example; People had reported longer responses to call bells during busy periods. The registered manager had arranged for all senior staff and auxiliary staff to support responses to call bells during busy periods. People said response times had improved.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people and their wishes. They had received training for equality, diversity and inclusion to support their practice.
- We observed people's privacy, dignity and independence being respected by staff during our inspection visit. This included staff knocking on people's doors and awaiting a response before entering. Staff were discreet when speaking to people regarding their personal care needs.
- One person told us; "Staff encourage me to do as much as I can for myself and they give me the time to do it. They do the bits that I can't."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person centred and held detailed information about their care and support needs. This included essential information about mobility, nutrition and hydration, skin integrity, continence support, communication and interests. People's social history and preferences were clearly documented.
- Staff told us they attended daily handovers to discuss any changes to people's health and care needs. One member of staff told us; "We are always updated before our shift starts so we have the most up-to-date information about people's support needs. For example, we know if someone is unwell, if they need repositioning and how often or if they need additional wellbeing checks."
- Nurses and support staff completed daily records that reflected the care and support people received.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans contained detailed information about people's communication needs. Staff engaged with people in a way that demonstrated they understood their individual non-verbal and verbal communication.
- Information was available in a selection of accessible formats including larger print, easy read or a preferred language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An activities programme was in place for people to participate in. Activities included; visiting singers and entertainers, instrumental music, fitness, bingo, craft activities and celebration days.
- A church service took place every two weeks and people were supported to attend.
- People were supported in their rooms with individual activities including; reading and reminiscence.
- We saw people watching their preferred television programmes, listening to music of their choice, looking at books, newspapers and magazines.
- People were supported to have visitors to reduce the risk of social isolation. People also went out with family members and friends.

Improving care quality in response to complaints or concerns

- The registered manager took people's concerns and complaints seriously and used any learning to improve the service. One person said; "I would speak to [registered manager], she is easy to talk to and I know would help", a member of staff said; "I can go to the management team about anything, big or small."
- The provider had a clear complaint policy and procedure in place. People's concerns and complaints were acknowledged, investigated and responded to in line with the procedure.

End of life care and support

- People's care plan records included information about their end of life wishes and preferences.
- The registered manager was proud of the support staff provided at the end of their lives. Staff described how they support people to have a peaceful and compassionate end to their life.
- A recent compliment card received, included the words 'Staff showed such compassion, respect, caring and empathy when [Name] passed away.'

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. At this inspection the rating 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

- We received positive feedback from people using the service and relatives about the service provided at Lawton Manor. People's comments included; "It's really nice here and staff care for me really well" and "I'm happy, no complaints." Relatives told us; "The home meets [Names] needs really well. It is clean and staff are very welcoming" and, "I can visit when I want to, no problem."
- We observed the registered manager was visible and approachable throughout the inspection and knew people's needs and preferences well. One staff member told us; "[Registered Manager] knows all the residents and staff really well. They are a 'hands on' manager and lead by example."

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

- Services that provide health and social care to people are required to inform the CQC of important events that happen at the service. The registered manager had provided the CQC with the required notifications of specific incidents and events.
- The registered manager was open and honest about the service, the challenges they faced and the improvements they planned to make.
- The registered manager had been open and honest when things had gone wrong and offered a full apology when appropriate.

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

- The registered manager and staff team understood their role and responsibilities. They worked together to meet people's needs.
- Auditing systems and processes were used to identify areas for development and improvement. Audits were comprehensive and effective.
- Governance meetings were held regularly to review outcomes from audits and discuss actions to be undertaken to address areas for improvement.

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

- People felt engaged in the running of the service and felt their comments were considered and acted upon. The registered manager held regular residents meetings and records showed actions had been taken

following feedback received.

- People's relatives told us the registered manager and their deputy were approachable and made themselves available, if they needed to discuss any concern or query anything relating to the service.
- Staff meetings took place regularly across all areas of the service. These were clearly recorded and shared with any staff that were unable to attend. Staff told us they attended regular meetings and had the opportunity to share their thoughts and ideas about the service.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. One professional told us; "We have a good outcome here, getting people to the point of discharge home", "Staff always carry out any tasks we request" and "The management team and staff are always extremely helpful and responsive."