

Parris Lawn Care LTD

Parris Lawn

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Parris Lawn is a purpose-built nursing home that provides personal and nursing care to up to 62 people. There were 55 people living at the home when we inspected. People were living with a range of needs such as stroke, heart disease, diabetes and dementia. Some people were living with a range of needs associated with the frailties of old age.

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

CQC had been contacted about concerns relating to the medicine systems, staffing levels and end of life care at Parris Lawn. We contacted the provider so that they could take immediate action to make sure everybody living there was safe. The provider told us what they had done to address these concerns. They shared an action plan with us that identified further areas of concern, this included complaints not being responded to appropriately, people's records not containing all the information staff may need and staffing numbers. The action plan showed, what action was being taken, who was responsible, and when this should be completed by.

At the inspection there was evidence of significant work having taken place to improve and develop the service. This took into account the views of people, visitors and staff. A new management team was in place, they were reviewing all aspects of the service and had already provided training for staff and had arranged meetings with people and relatives to share their plans. There was a clear commitment from the management team and staff to improve and develop the service. Further time is needed to fully embed the changes into everyday practice.

Medicines were well managed, and people were supported to receive their medicines safely, when they needed them. There were enough staff working to provide the support people needed. Recruitment procedures helped to ensure only suitable staff worked at the home.

People received care and support that they needed. This was because regular staff knew them well and agency staff were supported by the regular staff. There was an activity program and people were seen to be enjoying themselves throughout the day.

Risk assessments provided guidance for staff about individual and environmental risks. Staff understood the risks associated with the people they supported. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns.

People were supported by staff who treated them with kindness and compassion. People were enabled to make their own decisions and choices about the care and support they received.

People were supported to enjoy a variety of food and drink of their choice. Nutritional assessments were completed to help ensure people received the appropriate diet. There was a training program, and this

helped to support staff to have the knowledge and skills to look after people effectively. Nurses received clinical training to ensure they could meet people's specific needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to maintain and improve their health through regular contact with external health professionals.

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 1 September 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

The inspection was prompted due to concerns received about medicine safety, staffing numbers and the care people received, this included end of life care. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Parris Lawn on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Parris Lawn

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.

Inspection team

The inspection was carried out by two inspectors 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

Parris Lawn is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. The registered manager was not working at the home at the time of the inspection. An interim manager and senior managers from the provider organisation were currently responsible for the day to day running of the home.

Notice of inspection

The first day of the inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return before this inspection because we inspected earlier than we planned. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with twenty people who used the service and ten relatives about their experience of the care provided. We spoke with twenty two members of staff. This included a regional manager and senior operations manager from the provider organisation.

We spent time observing in areas throughout the home and could see the interactions between people and staff. We watched how people were being cared for by staff in communal areas. This included the lunchtime meal and activities.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at recruitment procedures and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The management team updated us with changes that they had made. This included updated care plans, training and supervision records, and updates to ongoing investigations. We contacted two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- Before the inspection concerns were raised with us about some aspects of the management of medicines. We spoke with the provider to make them aware of the concerns so that they could take action to keep people safe.
- At the time of the inspection systems were in place to ensure medicines were managed safely.
- Only staff who had received medicine training and been assessed as competent supported people with their medicines. This was usually the nurses, however some senior care staff had also been assessed as competent and were able to administer them.
- During the inspection two nurses who were new to the home were being supported and assessed to give medicines.
- Nurses had a good understanding of maintaining medicine safety. One nurse told us giving the medicines had taken longer than they expected. Therefore, they were mindful at the next medicine round that some tablets would need to be given later. This was to ensure appropriate time between doses.
- People told us they were happy with the way their medicines were managed. One person questioned the number of tablets they were handed and appeared anxious. Two nurses sat down with the person and calmly went through the tablets explaining what each one was for. The person looked less anxious.
- Some people needed their medicines at specific times. For example, for people who were living with Parkinson's Disease it is important that medicines are given regularly. We saw these were given appropriately at the correct times.
- Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. There were detailed protocols in place to inform staff why these medicines may be needed. These had recently been updated. One person had been prescribed a medicine for anxiety. The protocol included steps to take before giving the medicine, such as reassurance. This helped prevent unnecessary use of the medicine.
- Staff recorded why PRN medicines had been given and whether the medicine had been effective. There was also information within the PRN protocol to inform staff when further guidance was needed. For example, one person's protocol informed staff to contact the person's GP if pain relief medicine was used for three consecutive days.
- There was information in people's medicine administration records (MAR) about how people liked to take their medicine. Some people preferred to take theirs one at a time, others liked yogurt, which had been checked with the person's GP and pharmacist.
- People who experienced pain had a pain chart. Pain charts are a simple pictorial or numerical tool that

can be used to measure the person's pain intensity, type of pain and / or duration of pain. These were completed to show the level of pain the person experienced and whether the medicine was effective, so staff could assess when different or stronger medicines may be needed. We heard staff asking a person if they were in pain when they noticed the person was holding their ear.

- At the time of the inspection the management team told us they had asked the pharmacy that supplied medicines to complete an audit of their medicine system, to identify any further areas for improvement.

Staffing and recruitment

- Before the inspection concerns were raised about staffing levels and the use of agency staff. During the inspection some people and visitors told us there were not enough staff.

- The provider was aware of these concerns and had increased the staffing levels and was actively recruiting. We found there were enough staff working, however, there was a high reliance on agency staff.

- The management team showed us evidence of ongoing recruitment to help ensure permanent staff were employed. There was also a commitment to using staff from one agency to help ensure consistency.

- Staff told us there was enough of them working on most shifts. One staff member explained that on occasions there might not be enough staff at the start of the shift, if for example agency staff were not able to start work until a bit later. The staff member said the management team always tried to ensure there were enough staff working.

- As far as possible regular agency staff worked at the home. A number of agency staff we spoke with knew people and had an understanding of their needs.

- People told us that staff were there when they needed them, and we observed staff were present in communal areas to respond when people needed them.

- Improvements had been made to the allocation of staff to reflect people's needs. When agency staff were working they were allocated to work with a permanent member of staff.

- During the inspection we saw two agency staff working together. However, one of the agency staff told us they had worked at Parris Lawn many times and knew people well. These two staff worked closely together during the shift. In addition to supporting people the new agency staff member was shown how to use the computer system and complete records.

- During the inspection, apart from one occasion, we saw people's call bells were answered and their needs responded to promptly. The person who was not responded to promptly told us staff had told them they would, "Be back shortly," but had not returned. The management team told us this would be investigated and addressed.

- Safe recruitment procedures were in place for the managers to follow to ensure staff were suitable to work at the home. This included, references, Disclosure and Barring Service (DBS / criminal record) checks and employment histories. Checks were made with the Nursing and Midwifery Council (NMC) which confirmed nurses' rights to practice as a registered nurse.

- Checks were made of agency staff before they started their first shift. This included a photograph and confirmation of satisfactory DBS checks.

Preventing and controlling infection

- Before the inspection concerns had been identified about the cleanliness and odours at the home.

- One person told us, "It's always clean and tidy here." A visitor said, that on previous occasions their relatives room needed to be tidied, for example, there was paper on the floor. This had been identified by the management team. An action plan was in place and this included daily walk arounds by a manager to identify infection control risks and ensure all rooms looked presentable.

- At the inspection we found the home to be generally clean and tidy. We identified an odour on the first floor which was addressed. A faint odour remained on the first floor, the management team were aware of this and it was being addressed.

- Housekeeping staff were busy throughout the day. One housekeeper told us they were busy but were committed to keep the home clean and tidy. This was said with compassion and good humour.
- Staff completed infection control and food hygiene training. They used Protective Personal Equipment (PPE) such as aprons and gloves when they provided personal care and served meals.
- There were suitable hand-washing facilities available and staff were seen using these. Appropriate laundry systems and equipment were in place to wash soiled linen and clothing.
- A legionella risk assessment had been completed. Regular checks such as water temperatures took place to help ensure people remained protected from the risk of infection.

Learning lessons when things go wrong

- Before the inspection concerns had been raised with us about aspects of the service. Some concerns had been referred to the local safeguarding team who were currently investigating.
- As a result of the concerns raised the management team were investigating some of the issues. As far as possible information about these concerns were shared with staff. One staff member said, "There's lots of changes happening at the moment but we don't know all the reasons why."
- During the inspection some concerns were shared with staff. They were updated verbally about changes throughout the day and at handover.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person said, "It's quite nice living here, it's definitely safe here, the staff are good." A visitor told us, "I feel (my loved one) is safe here, the staff are caring."
- Staff were able to tell us what steps they would take if they identified people were at risk from harm, abuse or discrimination. This included informing the senior staff on duty and if necessary contacting head office.
- Staff received safeguarding training and updates. There was information about safeguarding displayed in the staff room. This included relevant telephone numbers and guidance staff may need.
- At the time of the inspection the management team were working with the local authority to address some safeguarding concerns. The management team were working proactively with the safeguarding team to ensure these concerns were addressed appropriately and in a timely way.

Assessing risk, safety monitoring and management

- Risks had been identified and risk assessments provided guidance for staff about the care and support people needed to stay safe. Staff provided people with care that reflected what had been recorded in risk assessments and care plans. One person said, "I feel very safe here, I sleep a lot, and the staff come regularly to see me."
- Some people were at risk of developing pressure wounds. There was information in their risk assessments and care plans about how to protect their skin. This included the use of equipment such as pressure mattresses and cushions.
- There was information in people's care plans about how pressure relieving air mattresses should be set according to the person's weight. Air mattresses were seen to be set correctly, and records showed these were checked twice a day to ensure they remained correct.
- There was information about people's mobility and support they needed to move safely. This included how many staff were needed and if mechanical hoists were required to help them move safely.
- Where people were living with health related conditions, for example, diabetes and Parkinson's Disease. There was information about how to support them safely. For example, what time people needed their medicines for Parkinson's Disease and the 'normal' range for people's blood sugar levels.
- Although care plans and risk assessments did not always contain all the information staff may need, information was available within a handover document and on medicine administration records. Staff knew people well and detailed information was shared with agency staff at the handover.

- There was a fire risk assessment and regular fire checks were completed. Fire drills had taken place. This helped to ensure staff knew what to do in case of fire. People had their own Personal Emergency Evacuation Plans (PEEP's) so that staff and emergency services were aware of people's individual needs in the event of an emergency evacuation.
- Health and safety checks were completed these included checks on people's bedrooms to identify any risks to safety, for example to ensure window restrictors were in place and there were no trip hazards. Servicing contracts included gas, electrical appliances and the lift and moving and handling equipment.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before the inspection some concerns had been raised about the quality of the food, the lack of choices and people not receiving the type of diet they needed. During the inspection we saw people were offered meal choices, the menu showed a variety of choices at each meal and people received the type of diet they needed.
- People told us they enjoyed the food, one person said, "Food is excellent, very good, we choose our food from a menu." Another person told us, "The food is very good, I have it mashed up, I eat what they bring, that is fine, and I get plenty." A visitor said, "The food always looks very nice, they make nice cakes."
- Staff supported people to make choices from a menu. If people did not like what was on offer or they changed their minds, alternatives were provided. During the lunchtime meal one person requested and received Weetabix, another sandwiches, instead of the hot options.
- Mealtimes were relaxed and sociable. Staff provided people with the support and guidance they needed. This included prompting and more active support when needed. One person told us, "Mealtimes are a nice experience, definitely."
- Meals were served in each dining room. The chef or a member of kitchen staff served the meals. Food temperatures were checked and recorded before the meals were served. The chef and staff had a good understanding of people's dietary needs and choices.
- Where people required specialist diets such as soft, pureed or fortified these were provided appropriately.
- People who remained in bed received the support they needed to eat their meals. This included sitting in an appropriate position to eat and staff spending time with them to support at the person's own pace. We heard one staff direct another staff, asking them to make sure a person was seated correctly.
- Nutritional assessments were completed and reviewed. This included monitoring people's weight and when required staff recorded what people ate and drank each day. One visitor told us they were concerned that their relative was not eating and drinking enough. We looked at this person's records and saw staff were recording the person's intake and encouraging them to eat and drink enough.
- If staff were concerned about people's nutritional status they were referred to the GP, dietician or speech and language therapist for review and advice.

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

- People's needs were assessed before they moved into the home to ensure staff had the appropriate knowledge and skills to look after them. One staff member said, "People wouldn't be admitted unless we knew how to look after them, use any equipment etc." One person told us, "I couldn't manage at home

anymore, so we decided I should move in here."

- Information from the pre-assessment was used to develop care plans and risk assessments. A visitor told us, "They did discuss (my loved ones) care plan when they came in." The care plans were regularly reviewed.
- Care and support was delivered in line with current legislation and evidence-based guidance. Nationally recognised risk assessment tools were used to assess risks, for example, those associated with skin integrity and nutrition.
- Following the assessments, a referral for extra support might be made. This included a referral to appropriate healthcare professionals including tissue viability nurses for support with complex wounds.

Staff support: induction, training, skills and experience

- People told us the staff, "Knew what they were doing" and "Were good at their jobs." We saw this for ourselves. Staff knew people well and knew details about people that put them at ease. For example, a housekeeping staff noticed a person was not wearing their glasses, so they went and found them for them. There was laughter and singing from staff which people joined in with.
- There was an induction, training and supervision program in place. The induction program introduced staff to the home, people and day to day procedures. One new staff member told us, they had spent time working with senior care staff and the interim manager. They were introduced to people and had completed some training. This included how to safeguard people from harm, how to move people safely and how to complete records and use the computer system.
- The training plan identified what training staff had received and what was needed. The management team had oversight of this and were supporting staff to complete required training.
- Staff also received training specific to the needs of people living at Parris Lawn. For example, 'Living in My World' to help staff gain an understanding of supporting people who were living with dementia. One staff member told us, "I found dementia training really rewarding."
- Staff completed booklets after their training to check the knowledge and learning gained from the training. A visitor told us, "I think the staff have the skills to care for [name] well."
- The provider had identified areas where further training and development was needed. This included end of life care and this training commenced the week after the inspection.
- Nurses completed appropriate clinical training and had their competencies assessed to ensure they had the appropriate knowledge and skills. This included, syringe driver and catheter competencies.
- The management team had identified some staff were working above and beyond their role. They had spoken with staff and were working with them to identify different roles to allow the staff to develop and progress.
- The management team had identified that supervisions had not been taking place. There was an action plan to address this. Staff told us that following the recent changes at the home they felt well supported. One staff member said, "I just have to ask [interim manager] something and he will sort it." Staff told us they felt supported by their colleagues and staff team.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain and improve their health. They were able to see their doctor and other healthcare professionals when needed. This was confirmed by people, staff and records viewed.
- One person told us, "Doctors are arranged, if you need one they can come here." Another person said, "The doctor calls once a week, I have my own chiropodist."
- During the inspection staff were concerned about one person's health and their GP was contacted for advice and guidance.
- Where people had specific health needs they received support from appropriate healthcare professionals. This included diabetic clinics and reviews with the Parkinson's nurse. Some people had complex wounds

and the nurses referred them to and worked with the tissue viability service, to help achieve good outcomes for people.

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

- Parris Lawn is a purpose-built care home designed to meet the needs of people living there. The corridors and doorways were wide and easily accessible for people who used wheelchairs.
- There were two passenger lifts which provided level access throughout the home and into the garden areas. Windows had been designed with low sills. This enabled people to have a good view outside when in bed or sitting in their room.
- Communal areas were spacious, there was a dining room and two lounges on each floor and people chose which room to use. There was ample seating in each. In addition, there was an activity room and a private dining room.
- There were en-suite shower rooms and communal bathrooms if people preferred a bath. There was appropriate equipment to support people. This included adapted bathrooms and toilets, and hoists.
- The layout of the home, which was circular style, meant that people could walk with purpose around the home with no dead-ends or blank walls.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Throughout the inspection staff asked for people's consent and involved them in any decisions before providing care and support.
- Staff had a good understanding of mental capacity and how they would support people to make their own choices and decisions. One staff member said, "I ask what they want and if they are not sure I go back or look for signs." The staff member explained they would look at the person's body language and gestures they may make. Another staff member told us when people were less able to make decisions they offered different choices, for example a selection of outfits to choose from when getting dressed.
- There was information in people's care plans and the handover document about people's mental capacity. The provider had recognised that mental capacity assessments had not always been completed when the person lacked capacity and specific decisions needed to be made. This was being addressed and did not have a negative impact on people, because decisions had been made in people's best interest with their loved ones.
- DoLS applications had been submitted for people who did not have capacity and were under constant supervision. Copies of the applications and authorisations were available to staff. There was a spreadsheet to inform staff who had a DoLS authorisation in place and when applications had been made. There was information on the handover sheet to inform staff of people's DoLS status.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People told us they were well treated and looked after by staff who were kind and caring. One person said, "The staff seem very kind, caring and patient." Another person told us, "It's very relaxed here, not many rules, a very happy place." A further person said, "The people here are extremely nice; they never snap at you."
- There was a relaxed and friendly atmosphere at the home. Staff engaged in conversations with people throughout the day, and there was a friendly relationship between people and staff. We heard staff going into people's bedrooms, introducing themselves and asking the person how they were. One staff member said, "Good morning, how are you today?" We heard staff complimenting people on their appearance. Staff remarked on the softness of one person's cardigan and that their hair looked nice. The person seemed to enjoy the compliments.
- We observed caring and compassionate interactions between staff and people. Staff were supporting people to attend a quiz. One person looked anxious and told staff they weren't very good at quizzes. Staff reassured the person and one staff member said, "Nor am I, come with me." The staff member offered the person their hand, the person took it and looked reassured.
- There was a caring nature between the staff. There was a current reliance on agency staff and regular care staff were seen to work with them in a helpful and respectful way. This helped enable all staff to support people with care and understanding because they themselves were supported and made to feel part of the staff team.
- People's equality and diversity was respected. Staff understood the importance of people's diversity, culture and spirituality. People told us they were supported to maintain their spiritual beliefs. One person told us, "A minister is arranged, some people go to a service here." A visitor said, "[Name] has communion regularly with a minister from the Catholic church."
- Staff spoke about people with respect and compassion. One staff member said, "The residents keep me going; they feel like a part of my family."

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

- People were supported to be involved in decisions about their care and support. One person said, "The staff spend as much time (with me) as they can, they do their best."
- Staff involved people in decisions throughout the day. They asked them what they would like to do and where they would like to spend their time. At mealtimes people were asked where they would like to sit. One person told us, "I can get up and go to bed, I can shower when I want to."

- The management team were working with people and their relatives to develop more formal ways of involving people in making decisions about their care. Where appropriate, they had invited people's relatives into the home to discuss, with the person, their care and support needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "I like the staff, they are caring, they definitely give me time and attention. They always treat me with dignity and respect, they knock on the door." Another person said, "They are very good at treating me with dignity and respect, I have no problem with that."
- We saw staff knock at people's doors before they entered and introduced themselves. All personal care was provided behind closed doors. We heard a staff member leaving a person's bedroom. They asked if the person would like their door open or closed.
- People were supported to maintain and improve their independence. For example, at mealtimes people were prompted and encouraged to eat their meals independently. People who were able, were supported to mobilise independently around the home. One visitor told us, "They have kept my (relative) very fit. She has never been so fit. They keep her walking and exercising."
- People's bedrooms were personalised with their own belongings and mementos. One person told us, "Our rooms can be quite private and personalised." Another person told us they preferred to stay in their bedroom and they were able to do this. They said their privacy was respected.
- People were well presented and supported to take pride in their appearance. They were dressed in clothes that were clean and well laundered. They were supported to dress in a way that they wished and were assisted with make-up, jewellery and nail care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- Before the inspection concerns were raised with us that although complaints and concerns were listened to, quite often action was not taken in response.
- The management team had identified the same issues from discussions with people, visitors and staff. The management team found evidence of complaints raised that had not been recorded or addressed.
- During the inspection staff and visitors reiterated the same concerns. However, staff and some visitors told us they had noticed changes since the management team had been working at the home.
- There was an action plan in place, and work had started, to address this. During the inspection the interim manager began to address concerns as they were raised with him.

End of life care and support

- Before the inspection concerns were raised with us that people did not always receive the end of life care and support they needed.
- During the inspection, although some people were frail and unwell, no-one was receiving end of life care.
- This had also been identified by the management team and action was being taken to address it. All nurses and care staff were required to complete end of life training, this had started with further training planned.
- Care plans included some information about people's end of life wishes. For example, if the person wished to be resuscitated in the event of a cardiac arrest, but these were not detailed.
- The management team were in the process of developing person-centred end of life care plans. Work had started on these and we were shown a completed end of life care plan after the inspection that was detailed.
- Some people had been prescribed additional medicines that may be required to ease the symptoms at the end of their life. These are known as 'Just in case medicines' (JIC). Work had started to ensure protocols were developed so that staff knew when these JIC medicines may be needed.

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

- There was mixed feedback about trips out. We raised this with the senior management team to ensure all those who were able could enjoy regular trips out. The interim manager was committed to further developing the activities. They said, "I believe activities is the soul of the home." They said they wanted to recruit a person who could drive the minibus to make sure people could get out and about when they wanted to.

- There was an activity program. For the week of the inspection this included games, skittles, cinema, yoga, dance therapy, singing, art and card making, baking and a bus trip to a local café. A Halloween sing a long was also planned. There was one staff member responsible for activities and they were supported by people's relatives and friends who volunteered at the home.
- People told us they were happy with the activities. One person said, "I am happy, we have a good many sing-a-longs here and it is my favourite entertainment, I like the films as well." Another person told us, "I do some activities if I want to, I watch TV, and there are some trips."
- Other people told us they did not take part in many activities. One person said, "I like reading." Another person told us, "I watch TV, and I look at magazines with my son." A further person commented, "I enjoy my TV and reading, the mini bus goes out, my wheelchair goes in the back."
- During the inspection we saw some activities taking place including a word game. People were supported by staff and clearly enjoying themselves. There was a lot of conversation and laughter.
- Some people were too frail or chose not to take part in group activities. Records showed that they were supported to engage in individual activities in their bedrooms, with staff. Staff told us about one person who was not able to engage in activities. They said, "We know [name] likes company so we spend time with them in their room, just being with them."
- Visitors were welcomed at the home. During the inspection we saw visitors coming into the home throughout the day. Most visitors we spoke with were aware of concerns at the home but told us they were always able to visit when they wished.
- One person told us, "My visitors are made welcome." A visitor said, "I am definitely made welcome when I visit." Another visitor told us, "They (staff) are always available to discuss things and inform me of any concerns."
- During the afternoon visitors, friends and neighbours joined people for a game of Bingo in the reception area/coffee shop. People were enthusiastic and engaged with lots of laughter and chatting.

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

- People received personalised care that was responsive to their needs. Regular care staff knew people well. Care staff who were newer to the home and agency staff were supported by colleagues who knew people and understood their needs.
- Staff were able to tell us about people's needs and spoke with empathy and understanding. When staff did not know people as well we observed them spending time with people to find out what they needed, with support from their colleagues.
- A visitor told us of the staff, "They anticipate changes and make sure systems are in place. This included the use of an air mattress and bed rails." This ensured their relative received the care and support they needed.
- The provider had identified that people's care plans did not contain all the information staff may need. Work was underway to address this. We have reviewed/looked at this in the well-led section of the report.
- As well as the care plans staff were provided with a handover document. This was updated each day and contained detailed information about people's care and support needs. This included brief details of any health conditions, their mobility, continence and dietary needs.
- Any changes or updates were also included on the handover document. This included changes to medicines or if the person was unwell. Some people had very specific routines and details of these were recorded to support all staff to provide individual care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication care plans in place. These provided some guidance for staff. For example, whether people wore glasses or needed to use a hearing aid.
- People who required them were seen to be wearing their glasses and hearing aids appropriately.
- Staff knew how to communicate effectively with people. Agency staff were supported by regular staff. Staff told us different ways in which they communicated with people. This included speaking slowly and giving people time to answer and being aware of people's body language. One staff member showed us their notebook where they had written messages to people, who were less able to hear.
- One person spoke quietly, we saw staff giving the person the time they needed to explain what they wanted. Staff were patient with the person until they had finished explaining.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Since the last inspection there had been some changes to the management of the home. A new management team was in place. There was evidence of significant work having taken place to improve and develop the service, taking into account the views of people, visitors and staff. There was a clear commitment from the management team and staff to improve and develop the service. Further time is needed to fully embed the changes into everyday practice.

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

- Before the inspection we were told about concerns relating to medicine systems, staffing levels and end of life care at Parris Lawn. We contacted the provider so that they could take immediate action to make sure everybody living there was safe. The provider told us what they had done to address these concerns.
- Due to the medicines concerns and other concerns related to people's care we inspected the service earlier than we had planned.
- There was a registered manager, however they were not working at the service at the time of the inspection. An interim manager had day to day responsibility for the home and they were supported by a senior management team from the provider organisation.
- The senior management team had identified other areas that needed to be improved. They shared an action plan with us that identified the areas of concern, what action was being taken, who was responsible and when this should be completed by.
- For example, on each shift two staff had started auditing medicine files to ensure they were fully completed or take appropriate action to ensure people had received their medicines appropriately. With regards to staffing levels, the action plan stated, 'use regular agency staff'. For continuity only one agency provider was being used and as far as possible, only staff who had worked at the home previously, covered shifts.
- The management team had identified further areas of concern and investigations were ongoing to address these and reintroduce systems and processes. For example, people, visitors and staff spoke about complaints they had made but no records of these could be found.
- People's records had not always been well completed. Care plans did not contain all the information staff may need. There was a reliance on the handover document to inform staff. For example, one person's care

plan for diabetes did not include all the information about the treatment the person needed. This information was in the handover document and in the medicine records but was not easy to find for new staff. Mental capacity assessments had not always been completed, however discussions with staff demonstrated the principles of the mental capacity act had been followed.

- The management team were working to ensure people's care records contained all the appropriate information. During the inspection staff were holding meetings with people's relatives to review their needs and update the care plans.
- During and after the inspection the interim manager sent us updated care plans and mental capacity assessments that had been completed and reflected the individual and their needs.
- The senior management team had identified that the computerised daily records were not evidencing the care and support people received. Therefore, records relating to food and fluid and position changes were completed on paper charts. These were well completed and demonstrated the care people received. The management team were reviewing the computerised records system.
- The management team were aware of their responsibilities of the regulatory requirements, including those under duty of candour. Statutory notifications, which are required by law, were appropriately submitted to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- During the inspection there was a positive, open culture at the service. People visitors and staff told us this had been due to recent changes at the home.
- Some visitors to the home expressed concerns about the service. They told us although they felt listened to, they had often not received responses to their concerns. When changes happened at the home these were not always communicated with them.
- One visitor told us, "The service is not what we were sold." We were given examples which included no agency staff will be used and regular trips out, but we were told this had not happened. Another visitor said, "We cannot fault the care [name] receives. It is just the other aspects that have left us disappointed." This included the person's clothes not being labelled when staff had said this would be done and flowers sent to the person left on the side and not put in water. A further visitor told us changes had been made to the number of meal choices, and less were now offered. The reason why this had been reduced was not communicated to people or their relatives.
- However, a number of visitors told us that they had seen an improvement in the past weeks. One visitor said, "Communication has been poor, but this is improving." Another visitor said, "Since certain changes I feel things are getting better."
- The senior management team were aware of these concerns. The interim manager was present, with the visitors' permission, at some of these conversations and continually offered reassurance.
- Resident and relatives meeting were scheduled for the week after the inspection. This would give people and visitors the opportunity to raise their concerns. It would also allow the provider to tell people what steps were being taken to improve and develop the service.
- A relative survey sent out in February 2019, was analysed in October 2019, showed that, at that time overall relatives were happy with Parris Lawn.
- Staff told us about some previous concerns and how they felt they had not been addressed. However, with recent changes they were feeling more positive as they could see improvements happening at the home.
- Staff were positive about working at the home. They commented on the improvements that had taken place with the new management team. The management team were seen to be working with the staff. They involved them in decisions and discussed changes with them. We observed a happy, relaxed relationship between them. One staff member told us, "I am very happy here, I love the residents and relatives, there are

improvements needed but they are making changes." Another staff member said, "The praise you get from the residents and relatives is what is so rewarding." A further staff member told us, "I want it to be outstanding here; this place is capable of being fantastic."

- The management team had also recognised the hard work that staff were doing. They recognised each staff members strengths and areas where they needed to develop.

Working in partnership with others

- The management team and staff were working to develop partnerships with other services, for example GP's, and other specialist practitioners, for example tissue viability nurses. This helped to ensure people's needs were met and best practice was followed.

- There was safeguarding investigation taking place. The management team were working with the local authority safeguarding team to make the necessary improvements. They were also working with the local authority Market Support team to identify any further areas for improvement.