

Johnston Care Limited

The Lawrence

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: The Lawrence provides accommodation and personal care for up to 14 people who have a learning disability. There were seven people using the service on the day of our inspection.

People's experience of using this service:

- People were safe at The Lawrence. Systems associated with recruitment, risk assessment, medicines and safeguarding protected people from abuse and harm, and the building was clean.
- Choice was offered and respected, and people received the right support to enable them to make decisions. Staff had the training and support to provide effective care, and other health professionals were involved as needed.
- People lived in a caring environment, and were able to maintain friendships and their independence. There was consultation with people about their care, although we found some improvements could be made in documentation to ensure it was accessible and always responsive to their needs. People had access to meaningful activities in the home and in the community.
- There was good leadership in the home, and regular checks were made on the quality of care and support being provided, although there were some occasions when more discretion was needed when discussing care. People and staff were supported to express their opinions about the service.
- We have made recommendations about checking staff confidence in making safeguarding referrals and improvements to the format some of documentation.

Rating at last inspection: Our last inspection report was published in October 2016, and the service was rated 'Good'. At this inspection the overall rating has remained 'Good', although one key question is now rated 'Requires Improvement.'

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we are scheduled to return. We inspect according to a schedule based on the current rating, however may inspect sooner if we receive information of concern.

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

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?

Requires Improvement ●

The service was not always 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.

The Lawrence

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two adult social care inspectors.

Service and service type:

Services for people with learning disabilities and autism.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Our inspection was unannounced.

What we did:

Before the inspection we reviewed information we held about the service, including past reports and

notifications the provider has to send us about and accidents or incidents that occur. We also asked other agencies including people who commission and pay for people's care, the safeguarding team and Healthwatch if they had any information they could share with us. We did not receive anything of concern.

During the inspection we spoke to people at the service and reviewed documents including four care plans, the medicines administration records (MARs) of two people, and other documents relating to the running and management of the service. We spent time in communal areas of the home making observations, and spoke with people during the inspection. After the inspection we spoke with one person's relative by phone to ask their opinions of the care provided at the service.



Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Accident and incident reports were checked to ensure any safeguarding concerns were reported promptly. We found knowledge about making safeguarding alerts could be more robust, and recommended the registered manager check staff confidence in this area and provide additional training as required.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were well assessed and showed clearly how these risks could be minimised. People had plans in place to show how they would need to be supported if the home needed to be evacuated, for example as a result of a fire.

Staffing and recruitment

- There continued to be sufficient, safely recruited staff to provide people with care and support both in the home and on activities in the community.

Using medicines safely

- People continued to receive their medicines safely, and stocks of boxed medicines matched the records we checked. People had the choice to manage their own medicines when this could be done safely, and there were regular checks on stocks, medicines administration records (MARs) and staff knowledge about medicines management.

Preventing and controlling infection

- The premises were clean and staff were using personal protective equipment (PPE) when cleaning or preparing food. The service had the highest rating awarded by the Food Standards Agency.

Learning lessons when things go wrong

- There were clear processes in place to ensure that accidents, incidents and complaints were reviewed over time to enable the registered manager to identify any themes or trends, and take action to ensure the risk of repeat occurrences could be limited. These included regular calls where all registered managers of the provider's services in the area joined in to share learning and knowledge.



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

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 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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider continued to assess and document people's capacity appropriately.
- A relative we spoke with told us, "Staff let [Name of person] express their choices and know [person] very well." People had support from independent advocates when they needed it.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Good processes remained in place to manage DoLS applications and renewals. Records were kept to monitor any conditions which had been placed on the authorisations.

Staff support: induction, training, skills and experience

- Induction and on-going training remained effective. Staff had the skills they needed to provide care and support for people.
- Staff received formal and informal support when they needed it.

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

- People who used the service met at the end of each week to discuss the meals they wished to have over the following seven days, and staff provided support to shop and prepare meals.
- Staff had training in meeting the needs of people who required adapted diets, for example people at a high risk of choking.

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

- People's health needs were met in a timely way. People were registered with GPs, opticians and dentists. People were having eye tests in the service on the day of our inspection.
- People had short care plans in case of hospital admission, to enable other health professionals to quickly understand their needs and preferences.

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

- Bedrooms were decorated in ways which were individual to each person. Rooms such as bathrooms and toilets were clearly identified with appropriate signage. The registered manager told us the suitability of the premises was kept under review to ensure the environment met people's needs.



Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People and staff were relaxed around each other and conversations showed they knew each other well. Staff were able to give examples of how people's dignity and privacy were protected, and our observations confirmed this was usually the case. We saw people were free to decide how and where they spent their time.
- Care plans contained good detail about how to support people in ways which promoted their independence.
- Since our last inspection one person had moved out of the service and was now living independently with their partner.
- There were some occasions where people's care was discussed indiscreetly with us, for example with doors open or in earshot of other people who used the service. We discussed this with the registered manager, and they told us how this would be addressed.

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

- Our observations showed people were relaxed in the presence of staff and chatted with them without reservations. Staff knew people well and there was a friendly atmosphere in the home.
- The management team had a good understanding of their responsibilities under the Equality Act 2010, for example to ensure that people had equal opportunities to get the support they needed regardless of age, gender, sexuality or faith.
- Care plans contained information about people's sensory needs, for example sight, hearing, and senses of smell and taste.

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

- People met with their key worker regularly to discuss any changes in their care and support needs. Care plans were reviewed as part of this process.



Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We found care plans were detailed, however there was limited documentation available to people in alternative formats which may have been more accessible to them. For example, by using fewer words or adding pictorial information to assist people to read and review their care plans. The registered manager had begun work on a new format during the inspection. We recommended the provider introduce accessible care plans as soon as possible.
- People were supported to express their sexuality, however we found one person's relationship care plan required review. The person had not always been supported in the ways described in the plan. The deputy manager told us they believed there had been a change in the person's relationship, however this had not been documented. We asked the registered manager to ensure this plan was updated without delay in consultation with the person to ensure they received the support they needed.
- People were well supported with activities in the home and had regular opportunities to go out in the community on their own, with staff or as a group.

Improving care quality in response to complaints or concerns

- There were robust systems in place to document and respond to formal complaints and any concerns which were raised. The service had only received one complaint, and we saw the person had received a prompt reply which had resolved the issue to their satisfaction.

End of life care and support

- Not everyone living at the service had a plan in place which captured their wishes for end of life care, and we saw one end of life care plan had not been reviewed since 2009. The deputy manager told us that some people had asked not to discuss this, however these conversations had not been recorded. The management team told us they would begin work to improve this area of people's support after our inspection.



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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and their team showed a commitment to providing people with a good standard of day to day support for people. Audits and other checks enabled the provider to monitor quality in the service.
- The management team had a good understanding of the responsibilities to notify us of things which affected people who used the service, such as accidents or other matters of concern.
- Duty of candour was met. People's families were communicated with appropriately.

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

- People and staff were able to suggest changes and improvements to the service, and were regularly asked whether they were happy with the quality of care. A staff survey was being undertaken by the provider at the time of our inspection.

Continuous learning and improving care

- The systems and process in place to monitor the quality of the service ensured the management team considered whether there were emerging patterns or trends which needed to be addressed.

Working in partnership with others

- The service had good links with health and social care professionals, and had achieved good results from their links with the local community in holding well-attended events at a variety of venues.
- Communication records relating to people's health needs were detailed and showed the service worked well to achieve good outcomes in this area.

