

Royal Mencap Society

Lawnswood Avenue

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 25 February 2016 and was unannounced. At our last inspection on 5 March 2014 the provider was meeting the legal requirements we inspected.

Lawnswood Avenue is registered to provide accommodation and personal care for up to eight people with varying learning disabilities. On the day of our inspection, there were eight people living in the home. There was a registered manager in post but they had been seconded to another service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The number of staff available to care for people had not been planned around their level of need by the provider. Some people's support was adversely affected by the staffing levels. The environment was not clean and well maintained to ensure people were safe and not at risk of cross infection.

The provider was not working within the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Some people were being deprived of their liberty to keep them safe. The provider had not applied for authorisation to do this as is required under the DoLS legislation. Staff did not feel supported by the provider to care adequately for people and protect their own well-being.

There were arrangements in place to recruit staff who were suitable to work with people in a caring environment. Staff understood their responsibility to protect people from avoidable harm and potential abuse and knew how to report concerns. Staff received training to improve their knowledge and skills to care for people effectively. People had a choice of food and drinks provided to meet their individual needs. The opinions and support of health care professionals was sought to maintain people's physical, mental and psychological health.

People received care from staff who treated them with kindness and compassion. Staff knew people well and understood how they wanted to be supported because they knew their likes, dislikes and preferences for care. People received support to maintain the relationships that were important for them. Relatives were able to visit whenever they wanted to.

People received support to spend time in and out of the home. People were able to choose holiday destinations and were supported by staff to have a break from their normal routine. Relatives felt empowered to raise concerns or complaints directly with the staff or the provider.

People were given opportunities to discuss the care and support they needed. The provider asked relatives and healthcare professionals for their opinions of the service. The provider was monitoring the quality of the service and using some audit information to identify if there were any trends or patterns in incidents which occurred in the home.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Is the service safe? ☐

The service was not consistently safe. Staffing levels were not planned around people's care needs. The environment was not clean and adequately maintained. People's medicines were managed appropriately to ensure they received their prescribed treatments. Staff understood their role in protecting people from harm and abuse.

Requires Improvement 

Is the service effective?

The service was not consistently effective. Staff were not fulfilling the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat a nutritious diet and had access to plentiful drinks. People received support from health care professionals when specialist knowledge was required.

Requires Improvement 

Is the service caring?

The service was caring. People were treated with kindness, patience and compassion. Staff promoted people's privacy and supported them to maintain their dignity. People were encouraged and supported to maintain their relationships with people who were important to them.

Good 

Is the service responsive?

The service was responsive. Staff knew people well and understood how they preferred to be cared for. People were supported to spend time in and outside of the home. Relatives told us they had no complaints but would feel empowered to raise any concerns with the staff or the provider of care.

Good 

Is the service well-led?

The service was not consistently well-led. The provider had not informed us of managerial changes at the home. Staff were not receiving support to fulfil their roles. People were given opportunities to discuss their views of the support they received.

Requires Improvement 

The quality of the service was monitored by the provider.

Lawnswood Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 February 2016 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and the information we held about the service including statutory notifications the provider sent us when we planned the inspection. A statutory notification is information about important events in the home which the provider is required to send us by law.

We spoke with one person who used the service, one relative, four members of the care staff, a visiting health care professional, the acting manager and the deputy manager. We spent time observing care in the communal areas of the home to see how staff interacted and supported people who used the service.

We looked at the care records for two people to see if they accurately reflected the care people received. We also looked at three recruitment files and records relating to the management of the home including quality checks, training records and staff rotas.

Is the service safe?

Our findings

We saw that the number of staff available to care for people was, at times, insufficient to meet their needs. Staff told us the staffing numbers had an impact on the support they were able to provide for people. One member of staff told us, "People's needs have changed but the number of staff hasn't gone up. Several people need support from two staff but some days we're on our own in the unit. That means we have to leave people alone to go to the other unit and get support". We saw examples of this during the inspection. We saw that five of the eight people living in the home needed to be supported by two members of staff for their personal care. We heard staff asking people to wait whilst the completed care for another person or waited for another member of staff from the other unit to assist them. We read that some people had experienced unwitnessed falls in the communal areas of the home. A member of staff told us, "If we're in a room we can't see what's happening. Some people aren't steady and need to be watched carefully". We looked at the staffing rotas for the previous month and saw that on several occasions, the number of staff working did not meet the projected level required by the provider. Staff told us that the situation was worse at night when there was one waking member of staff and one member of staff who slept in. One member of staff told us, "The sleep in staff are either being disturbed all the time or staff are trying to manage on their own which isn't safe". The acting manager told us that they had recognised there was a problem at night and had requested an increase in waking staff which was being considered. We saw the provider did not base the number of staff available on people's individual needs and requirements which meant some people did not receive the level of care they needed.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some areas of the home were not clean and showed signs of disrepair. The bathrooms were in need of redecoration. We saw the paintwork was chipped in several areas and some tiles were missing. There was rust visible on some of the metal work including pipework and the metal rubbish bins. The backrest on one toilet was split and cracked in several places and could be a source of cross infection. Staff told us one of the two baths in the home was no longer usable as the seat mechanism had broken and could not be repaired. This meant that everyone had to use one bathroom and meant there were insufficient facilities to support everyone living in the home.

The bathrooms, corridors and communal living areas in the room were dusty and dirty. Staff told us a carpet had not been cleaned for three weeks because the vacuum cleaner was broken and had not been replaced. This meant the level of cleanliness had not been regularly monitored and prompt action had not been taken to address the shortfalls. Staff told us they were responsible for the cleaning and the laundry in addition to providing care and support to people. One member of staff said, "We just can't do it all, we used to have a cleaner. We make sure people have clean clothes and bedrooms but the rest gets left because we don't have time to do it. People's care comes first". Another member of staff said, "We're supposed to involve people in keeping their home clean and in some homes that works but generally the people here can't manage it". The paving on the path leading to the main door was uneven. We saw that the garden contained discarded and broken pots and looked unkempt. This demonstrated a potential risk for people's safety when they were walking outside.

Maintenance at the home was carried out by an external company. Staff kept records of work which needed to be completed but this showed that there were sometimes delays in getting the required work completed within a timely period. One member of staff told us, "It's the little things like soap dispensers and bins. They can take up to two weeks to sort out". The acting manager confirmed they often had to chase the company to complete outstanding repairs. We saw that one corridor was dark because a sealed lighting unit was not working. The acting manager told us they had contacted the maintenance team who told them they would not come out to change light bulbs and they would need to do it themselves or get an electrician. We saw that the light had not been functioning for over two weeks. This demonstrated a risk to people due to the poor lighting and to staff who would need to access a ladder to complete the work.

We found that the provider did not keep the premises well maintained and that this was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that the equipment used in the home was regularly serviced to ensure it remained safe to use. There were checks on the fire equipment and regular evacuation exercises to ensure people would be supported appropriately in an emergency. People's personal evacuation plans had not been reviewed recently. The acting manager told us, "We're just bringing them up to date at the moment".

Relatives told us they felt their loved ones were safe living at the home. One relative told us, "Yes I do feel they are safe". Staff understood how to protect people from potential abuse and the action they should take if they had any concerns about people. One member of staff told us, "I know what to look out for and I would report it straight away. If I didn't think action had been taken I'd report it myself. I did that years ago when I didn't think the right action had been taken". People's risks associated with their care had been fully assessed and there were management plans in place to ensure, for example, that people were moved in the correct and safest manner. We saw that when people were moved this was done safely and in line with their risk assessment and the guidance provided to staff. Some people presented with behaviour that challenged their safety and that of others when they became anxious. We saw that staff recorded all of the incidents associated with people's behaviours. Where possible staff tried to identify what had caused the behaviour, how they supported the person and if this was successful. We saw that staff sought specialist advice on the best way to help people make positive changes to their behaviour. A visiting health care professional told us, "Staff are closely involved with the work we're doing. We've been working with staff to try and unpick what is causing the behaviours and try ways to help the people cope with their anxiety".

There were arrangements in place to ensure people received their prescribed medicines correctly. We saw that two members of staff checked and administered medicines together to reduce the risk of errors. A member of staff said, "It can be difficult because it means two members of staff aren't able to provide care but it is safer". People were supported to take their medicine and given an explanation about what they were taking. We saw there was information provided to help staff identify when people might need 'as and when required' medicines for example for pain relief. The guidance explained to staff how each person might demonstrate their discomfort which was particularly helpful when people were unable to express themselves. The acting manager had identified that the medicine storage facility was not ideal as the room could become overheated. Arrangements were in place to transfer the storage of people's medicines to a cooler room to ensure they were maintained at the required temperature.

There were processes in place to ensure staff were suitable to work with people in the home. A member of staff told us, "I had to do all of the usual things when I started like references and a security check". We looked at the recruitment files for three members of staff. We saw that checks were made about their previous work experience; references were obtained and a Disclosure and Barring [DBS] clearance was

completed before they were able to start working at the home. The DBS service is a national agency which provides information on previous criminal convictions.

Is the service effective?

Our findings

Staff told us that some people did not have the mental capacity to understand risks to their health and safety and were unable to leave the home unless they were supervised by staff. One person's bed had been fitted with rails to protect them from falling and another person's movement was restricted because of straps on their ankles. For both people this had been instigated in their best interest and to protect them from harm. However, these actions are a deprivation of the people's liberty and authorisation is required. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The acting manager was unable to provide us with evidence that applications for DoLS assessments had been applied for. Following the inspection we received information from the registered manager which confirmed that DoLS application referrals had not been made.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We heard people being given choices and staff checking with them that they were happy to receive care. Some people who used the service did not have the capacity to make choices about their care, welfare and safety. 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 saw that where necessary, people's capacity had been assessed but when decisions were made in their best interest the reasoning for this was not demonstrated in their care plans. For example we saw the decision to administer an influenza vaccine was agreed by the person's doctor but there was no record to demonstrate that this had been discussed with staff or the person's family, if appropriate.

Staff had received training in a variety of topics, all of which was relevant to the care of people in the home. A relative told us, "Staff understand that people have different needs. It's not a case of one size fits all". One member of staff told us, "As people get older here we've had to learn more about dementia and we've had training in that". The acting manager told us, "We send staff on any training that will be of benefit for people's care". New staff were supported with an induction programme. Staff told us during their induction they were given time to read the policies and shadow more experienced staff as they got to know people and their individual needs. One member of staff told us, "I worked for Mencap before but I still had an induction when I started back with them. I shadowed the staff but I didn't need as long [as some staff] because I had my previous experience".

People were supported to eat the food they had chosen. People were offered a snack lunch and a main meal in the evening. We saw that the food choices were displayed in the kitchen and people were asked for their views about the food and involved in the menu planning. One member of staff said, "We've got curry

tonight. You like that don't you?" We saw that people were offered an alternative if they didn't want the meal choice. People were supported to eat according to their individual needs. One person was supported by staff as they were at risk of choking if they ate their meal too quickly. People who needed support to eat their meal received encouragement from staff to eat at their own pace. We saw that frequent drinks were offered throughout the day and whenever people requested them. We read that people's weight was monitored closely and appropriate action was taken if there was concern about weight loss.

People had access to specialist health care support to maintain their mental, psychological and health needs. One person told us they had an appointment with the doctor. A relative we spoke with told us, "They always let me know when [the person who used the service] isn't well or when they see the doctor". We saw they were supported by a member of staff who updated colleagues about the advice they received. We spoke with a visiting health care professional who told us, "The staff are very good here, they're very receptive to suggestions". People were encouraged to take part in health promotion opportunities to prevent ill health, for example we saw that they were supported by staff to attend for routine breast screening checks.

Is the service caring?

Our findings

We saw that members of staff were caring and people looked comfortable and relaxed in their company. One person said, "Yes the staff are kind". A relative told us, "We are absolutely delighted with the care. The staff are marvellous". Staff offered polite, kind and comforting care to people and demonstrated they knew people well. A relative told us, "A member of staff said, "We're a good team, we're all compassionate and care for people". A visiting healthcare professional told us, "Care is very person centred here". We heard light hearted banter and laughing between people and staff. One person said they'd liked to play pool and the member of staff added, "But not by the rules", which made the person laugh. Some people were unable to communicate verbally. We saw that staff understood how people demonstrated their feelings and needs. There was information provided in the care plans to guide staff on which non-verbal signs the person might show for what they wanted staff to know.

We saw that people were supported to maintain their independence whenever possible. People who were able were encouraged to take responsibility for chores around the home. One person showed us their room and told us they were responsible for sorting non-confidential office paperwork and using the shredder. We saw one person filling and operating the dishwasher after lunch and another person dusting their bedroom with the support of staff. We heard staff reassuring people whilst they were supporting them to move from their chair, one member of staff said, "One, two, three, up you come. Perfect".

People could decide where they wanted to spend their time and what they wanted to do. One person said they wanted to go back to bed after lunch and staff supported them to settle for a rest. We heard staff checking people's personal support needs in a quiet and discreet manner. People's dignity was recognised and supported by staff. We heard staff asking people if they needed personal support in a quiet and discreet manner. We saw staff knocking on people's doors before entering their rooms. One member of staff told us, "We always close people's curtains if we're providing personal care". People were supported to maintain their appearance and we saw staff helping them to tidy themselves after they'd eaten.

People were supported to maintain the relationships which were important to them. We spoke with relatives who told us that they were able to visit whenever they wanted. One relative told us, "We visit at any time. If we specifically want to speak with staff I give them a call first just to make sure the person we want is there".

Is the service responsive?

Our findings

Some people had been living at Lawnswood Avenue for many years and staff knew them very well. We read that one person did not like getting up in the morning. A member of staff said to them, "You don't like getting up early do you [the person who used the service]?" and the person laughed and agreed they didn't. A member of staff told us, "This is a small place. We get to know everyone really well". There was information in people's care plans about their past history and their likes and dislikes. People's important relationships were documented and we saw that staff arranged and supported people to visit the cemetery to mark significant anniversaries for example, the birthday of a deceased loved one.

People's care was reviewed regularly to ensure it was up to date and relevant for their current needs. We saw that people were involved in their care planning and their relatives were invited to attend. In one person's care plan we saw that they had discussed planning a holiday. The person was shown a variety of photographs to identify the sort of trip they would like to go on, for example a hotel, a caravan or a cottage and the member of staff they would like to accompany them.

People were supported to follow their hobbies and interest. Some people had planned activities during the day, for example college commitments. Other people went to social clubs or had one to one support to spend time doing activities which interested them. A relative told us, "Last year, [the person who used the service] went to Spain on holiday. They really enjoyed it and got a lot out of it". We saw that one person was interested in popular music and especially keen on certain singers. Staff told us the person had been to a concert at a large music venue to see the singer perform. Another person was interested in planes and wanted to visit America. We saw that the person had been taken to a local airport to watch the planes taking off and landing. Staff were planning a short flight with the person as a trial run to assess the feasibility of fulfilling their wish to undertake a longer trip.

There was a complaints policy in place although it was not on display. The acting manager told us that it had been taken down but would be displayed again. One person told us if they weren't happy they'd speak to the staff. A relative we spoke with could not recall seeing the complaints policy but said, "I've never felt the need to make a complaint but I'd be happy to go to the manager or contact Mencap directly".

Is the service well-led?

Our findings

The registered manager was not working at the service as they were on a secondment to another home. The provider had not notified us that there was an acting manager in post as required under the terms of their registration. All of the staff we spoke with told us that morale was low. One member of staff told us, "Morale is really bad. Everyone is exhausted. Several members of staff who have worked here for a long time have left or are leaving". Another member of staff said, "Staff are so busy they're not looking after themselves. We used to sit and eat with people but we don't do that anymore and often we don't eat. This isn't good for staff and it impacts on people living here".

Staff told us they had not had individual support to discuss their performance and future development for some time. One member of staff said, "I can't remember the last time I had my 'shape your future' [supervision]. It's been when they have time. I know that the acting manager is trying to sort that out for us". Staff told us that staff meetings were held but they took place within their working hours. One member of staff told us, "We used to meet off site but now the meetings are held here, they're not well attended because we can't leave people without support". Staff told us they had been unsettled by the management changes. One member of staff said, "It's been unsettling for all of us but the acting manager is good. They have settled in really well and they come out of the office and help us when we're struggling. They've even worked a couple of nights recently. The staff respected that".

People were given the opportunity to share their views of the service and discuss any changes they would like to make in 'house meetings' which were held three monthly. There was an annual satisfaction survey which was sent to relatives and healthcare professionals. Relatives were asked, when appropriate to share the questionnaire with their loved one. The acting manager told us the latest survey was being prepared for distribution.

There were arrangements in place to monitor the quality of the service. We saw that there were regular checks on people's medicine administration records to ensure they were completed correctly and any necessary improvements could be made. The provider had an audit programme which monitored a wider range of information including the identification of trends or patterns associated with incidents which occurred in the home. The provider used a compliance review tool to monitor the service and the acting manager told us they were alerted if actions were required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Some people were being deprived of their liberty without legal authority.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises were dirty and not well maintained
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The staffing levels were insufficient to care for people safely.