

Linda Harvey

Lawrence House Residential Care Home

Inspection report

Lawrence House
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Devon
EX32 9BW

Tel: 01271377189

Date of inspection visit:
14 June 2018

Date of publication:
17 August 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This comprehensive inspection was unannounced and took place on 14 June 2018. At the previous comprehensive inspection completed in June 2016 we rated the service as overall Good with outstanding in caring domain. In this inspection we found the rating remained the same.

Lawrence House 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 care service has not been developed and designed in line with the values that underpin the Registering the Right Support because it is registered for more than six people. However, it does follow best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

The registered manager is also the registered owner. 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.

People said they felt safe and well cared for. The service remains outstanding in caring because staff were always willing to go the extra mile to ensure people had fulfilling lives. Staff came in on their own time for support to enable people to go out and about. Staff were also extremely skilled at understanding people's unique ways of communicating. This helped to ensure their well-being was maintained and that they were fully involved in making choices where possible.

There were sufficient staff with the right skills and understanding of people's needs and wishes. This meant outcomes for people had improved. People said staff were kind and helpful. Our observations showed staff respected people's dignity and privacy and worked in a way which showed kindness and compassion.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent to care and treatment was sought. Staff used the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood how these applied to their practice.

Care and support was person centred and well planned. Staff had good training and support to do their job safely and effectively. Activities were tailored to meet individual's needs. Some people had additional funding to allow one to one staff support for them to access the community.

Risk assessments were in place for each person. These identified the correct action to take to reduce the risk as much as possible in the least restrictive way. People received their medicines safely and on time most of

the time. There was a high number of medicine errors. An action plan had been developed to ensure staff had further training and to reduce the number of errors. Accidents and incidents were carefully monitored, analysed and reported upon.

Prior to this inspection we received some information of concern which stated recruitment practices did not include all the necessary checks. During this inspection we found no evidence to support this. There were effective staff recruitment and selection processes in place. People received the right care and support from staff who were well trained and competent.

People enjoyed a wide and varied choice of meals. Mealtimes were relaxed and enjoyable for people.

Quality assurance processes and audits helped to ensure that the quality of care and support as well as the environment was closely monitored. This included seeking the views of people and their relatives.

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 remained good

Is the service effective?

Good ●

The service remained good

Is the service caring?

Outstanding ☆

The service remained outstanding.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

Lawrence House Residential Care Home

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 14 June 2018 and was unannounced. The inspection was completed by one adult social care inspector and an expert by experience. An expert by experience is someone who has had direct experience or their relative had used registered services such as care homes.

The provider had completed a Provider Information Return (PIR). This is a form we ask the provider to complete at least once a year. It gives us some key information about the service, what the service does well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted the local authority commissioning team, who has responsibility for monitoring the quality and safety of the service provided to local authority funded people. We received feedback from two health care professionals about their experiences of the service provided.

During the inspection we spoke with four people. However, some other people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia. We also spoke with two relatives, nine staff including the cook, administrator, care staff, maintenance person, quality assurance lead, regional operations manager and the registered manager.

We looked at three peoples care files including risk assessments, care plans and daily records. We reviewed three medicines records, three recruitment records and a variety of records relating to the auditing of the environment and quality of care.

Is the service safe?

Our findings

People were unable to comment on whether they felt safe. Our observations throughout the day showed people were happy to move freely around the home, choosing where they wanted to spend their time. Interactions with staff showed people were comfortable and felt at ease with staff members.

Prior to this inspection we received an anonymous concern which indicated that newly recruited staff had not had all their checks and references followed up to ensure they were safe to work with vulnerable people. We checked the recruitment records of the three most newly recruited staff members. Each file had the correct references and checks in place to ensure staff were suitable to work with vulnerable adults.

There were sufficient staff on duty each shift to ensure people's needs were being met. People said they liked the staff who worked with them. One person said "I like all the staff, they are very nice." Care staff undertook a variety of tasks including cooking and cleaning, but there was adequate cover to ensure people's needs were met in a timely way.

People were protected from risks as far as possible because risk assessments were completed and reviewed as needed. Where someone was at risk of falls, this risk had been clearly identified and equipment used to keep them safe. This may include walking aids or use of wheelchairs when out due to unsteady gait. One person was at risk of falling and banging their head. They were wearing a bike helmet to keep their head protected. The deputy manager said they were awaiting assessment for specialist head protection gear as they had assessed the person at extreme risk of harm if they fell and hurt their head.

People were protected from possible abuse because staff understood what to look for and how to report any concerns. Staff said they had confidence in the registered manager and deputy manager. Since the last inspection there had been two safeguarding alerts raised by the registered manager in relation to expressed behaviours of one person impacting on other people in the service. They had worked with the local specialist healthcare teams to try to resolve the issues and work with the person.

Everyone living at Lawrence House needed support to take their medicines due to their complex needs. There were systems for recording when medicines had been administered. Only staff who had been trained and had their competencies checked could complete this task. Records in relation to the administration of medicines were accurate and kept up to date. Where people had a specific health condition and associated medicines, their care file held information about the medicine and its effects. Where people had a problem with swallowing a tablet, staff explained to them that they had put it in some yogurt. People were asked if they needed any pain relief. Staff said they knew people well and could tell by their body language and behaviours if they were experiencing pain.

The home was kept clean to a high standard. The care staff team had a cleaning schedule which including ensured the home was kept clean and free from odours or infections. Staff understood infection control processes and there was a plentiful supply of gloves, aprons and hand sanitizer gel. We observed staff followed infection control processes with hand washing and the wearing of protective clothing.

Emergencies were planned for. For example, each person an emergency evacuation plan and regular fire safety checks were being done, including testing of alarm bells.

Is the service effective?

Our findings

People were unable to comment on whether staff were effective at meeting their needs. We saw examples of how staff understood people's needs and worked to ensure they were met. One staff member who was a keyworker came in on day off especially, to take one person to their doctor's appointment. This was because their family had asked them to as they were unable to take time off work. The keyworker knew the person really well. They came back from the appointment and wrote up their notes in the file and confirmed that they would contact the person's brother later that day to update them about the appointment and what was discussed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met. One person had such safeguards in place, but had since left the service. Some people had applications pending. Details of people's capacity and any applications were included in their care plan for staff to refer to. Staff had a good understanding of MCA and knew what conditions had been put on the approved DoLS. There was evidence of best interests meetings taking place to ensure people's rights were protected.

Staff said they had received good training and support to do their job effectively. The deputy manager said she was just taking over from the registered manager to make sure each staff had received supervision. These sessions were for staff to talk about their role and any training needs. They were also updating the training matrix and looking at what training they needed to book to ensure staff had annual updates on all areas of health and safety. Staff confirmed there was a range of training opportunities to enhance their skills and learn about areas of interest such as epilepsy, and working with people with challenging behaviours. They also used the care home's team nurse educator to set up some learning sessions in particular health care areas such as diabetes, bowel care, pressure care and sepsis.

New staff had an induction which detailed all areas of how the home was run and what was expected of their role. Staff new to care were expected to complete a nationally recognised induction called the Care Certificate. This helped to ensure new staff understood the key elements of delivering safe, effective and compassionate care.

New staff had the opportunity to shadow more experienced staff to help them gain a better understanding of the role and the needs of people living at the service. Any gaps in the rotas were usually filled by existing staff taking on extra hours.

People benefitted from being offered a variety of meals to suit their tastes and promote their health and wellbeing. Meals were planned weekly with people and took into account their likes, dislikes and dietary needs. At lunchtime everyone had the same meal, but one person did not eat it and was offered an alternative that staff knew may tempt them. One person was being fed their food by a member of staff, this was because they were unable to feed themselves. The staff member knew what their nutritional needs were, that the person required a pureed diet. One person had a meal guard on their plate to enable them to feed themselves independently.

People's healthcare needs had been fully considered and there was clear partnership working with healthcare professionals. When people needed to go to hospital, staff stayed with them. Hospital passports were used to ensure staff at the hospital understood about people's needs. This included how they communicated. The information provided and the knowledge of staff had been praised by hospital staff on more than one occasion.

The design and layout of the service had been considered for people with complex physical needs. The home was clean and tidy, with welcoming spaces, the lounge and kitchen/dining area were spacious and homely with furniture to suit the people living there and enable people space to get around in. The small garden had been designed to provide sensory stimulation for people, with plants, mobiles in the trees/bushes and ornaments. In the kitchen/dining area there were painted pictures of two trees with photographs of staff on one and people on the other. A member of staff said that two members of staff helped people to create these trees outside in the garden, all people put their painted handprints on them. One person put their hands in their mouth frequently, so staff helped them do a footprint onto the picture, so everyone was included.

Is the service caring?

Our findings

The service continued to offer care which was outstanding. This was because staff were always willing to go the extra mile to ensure people had the right care, love and support they needed. For example, coming in on their days off to ensure someone had a familiar person to go with them to a hospital appointment. Staying on extra time so people could have access to more activities and outings. Staff offered a hug, a smile, a joke when they saw people needed cheering up. Staff showed exceptional skills at understanding people's moods and when they needed additional support to remain well and be included. The service anticipated people's needs and recognises distress and discomfort at the earliest stage. It offers sensitive and respectful support and care.

A staff member talked about when someone goes into hospital, they said that staff take shifts to always be with them whilst they are in hospital. People have hospital passports, but staff knew people's needs better than the hospital staff, assisting to eat and communicating, and they are the friendly face people knew. It is unusual for a care home to do this, and shows very caring and person-centred approach. One staff member said "I went in to hospital when one of the residents was coming to the end of their life, I stayed there overnight and was with them when they passed away during the night." This showed there is a strong, visible person-centred culture. The service ensures that staff in all roles are highly motivated and offer care and support that is exceptionally compassionate and kind. They care for individuals and each other in a way that exceeds expectations. Staff demonstrate a real empathy for the people at all times.

Our observations showed staff were extremely caring and sensitive to people's moods. They were able to interpret people's body language to gauge whether they needed more or less stimulation. When someone became upset a staff member went straight over to give them a hug and check if there as something they could do to help the person. Staff were skilled and responsive to people needs and wishes. they had used a variety of tools to assist people to express their views. This included the use of photos and symbols. Staff were also exceptional at helping people to express their views. This was done with patience and allowing people the time and space to think about their answers. For example when staff asked people about what they would like to do, they gave people options, asked in different ways and waited for the person to process the information and respond. They did not rush people. This showed a highly person centred approach. The whole culture and ethos of the service was to give people the time to, to listen to them and offer compassionate care and support. All staff showed this ethos was embedded in their everyday practice.

Staff were able to describe ways in which they supported people to express their views and be actively involved in making decisions about their care, treatment and support. For example, they used pictures and photos to help people make choices about activities they wished to participate in. Staff were skilled in understanding people's unique ways of communicating. This really helped to contribute to people's wellbeing and sense of belonging to the home.

People were supported in a way which ensured their dignity and privacy was upheld. For example, when assisting someone with their personal care needs, this was done in a gentle way to ensure they were clean

whilst encouraging the person to do as much as they could for themselves. Staff understood the importance of offering people choice and respecting people's wishes. One person preferred to spend time on their own as they did not like noise. Staff respected their wishes but also took time to check they were okay. They also encouraged the person to come into the communal areas at quieter times and spend time with staff.

There were strong relationships between staff and people. Staff interactions with people were warm and inclusive. Staff talked to people about what was important to them and showed genuine affection. For example, staff knew who was important to each person and supported them to stay in touch with friends and family. This included holding family days and assisting people with lifts to see their family and friends.

Staff understood and shared people's passions and interests. One person had a big interest in cars, staff would buy them model cars and support them to buy them, this person showed us their large collection of cars in their room, they also had lots of pictures of cars up on the wall in their room which was very person centred. They were looking forward to going out in their sister's car the following day. When cars or vans went down the lane, they would remark on this. Another person likes aeroplanes and they said that they had pictures in their bedroom of aeroplanes, they also said that they liked Concorde and that the staff had taken them to an Air Show, they said it was good. A staff member spoke about taking someone out for lunch. They said "I wish I had my camera, their face lit up when their posh egg sandwich arrived, they are usually quite expressionless." She said it was lovely to see as this person enjoys their food and one to one outing. This showed staff understood and valued the importance of having a highly personalised approach.

The service had received many compliments for the care and compassion shown to people during their stay at Lawrence House. One family wrote. "I cannot thank you enough for the kindness and care you showed to (name of person) and to us. You are all very special." A professional said "The care and compassion shown to people shows a true person centred approach."

Is the service responsive?

Our findings

People's care and support was well planned. This was because there were clear care plans which instructed staff how to best support someone with their personal care, emotional and healthcare needs. Staff confirmed they used plans to help them understand people's needs. Plans ensured people had person centred care because it gave good details for staff to understand their likes, dislikes and preferred routines.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included where staff needed to consider people's sensory or hearing impairment. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Areas of the service were sign posted with pictures, for example toilets, to help people find their way. There was a notice board with staff pictures to help people know who was on duty each day.

People were offered a variety of activities and outings both in groups and as individuals. People said they enjoyed the activities on offer and it was clear where people had hobbies and interests, these were encouraged and people were assisted to pursue them. For example, one person was a keen Dr Who fan so their room was decorated like a Tardis.

Everyday activities were encouraged. For example, on the day of inspection, a staff member had to go to buy milk, they asked two people if they wanted to go with them to the shop. They went to the shop to help get the milk, they seemed very happy to be going out in the car to do this.

Staff and people talked about the activities they do, which included drama, arts and crafts, skittles, going shopping, walking, disco, going to cafés/restaurants/pubs.

One person was out on a walk during the morning with a staff member. The staff member said that the person was immobile for quite some time due to an accident. They had had physiotherapy and now their mobility had improved with help from the staff at the home, helping to teach them to climb the stairs again. They used to have a ground floor bedroom but now are able to have an upstairs bedroom.

The service had a complaints process with written details of who people could make their concerns and complaints known to. This was in an accessible format to help people understand the process. There had been no new complains in the last 12 months.

People's end of life care had been considered where appropriate. Over the last 12 months a number of people who had lived at the service for a long time had passed away. Staff spoke fondly about those people and how much they missed them. They had celebrated their lives and made sure they had a good send off.

Is the service well-led?

Our findings

The registered manager is also the registered provider of the service. A registered manager is a person who has registered with the CQC 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 deputy manager said the provider/registered manager was taking a step back and it was their intention for the deputy to register as the manager in the near future. She was aware of the responsibilities and role and will be planning to gain a manager qualification.

The visions and value of the service was to provide a warm and friendly service where people got care in a family type environment. It was clear these values had been imbedded with all of the staff team. They spoke highly of the ethos of the home and felt this was the key reason they had such a stable staff team.

The provider used various ways to gain the views of people and their families. This included annual surveys, meetings and one to one discussions. Menus were changed in response to people's feedback. Activities, outings and holidays were also planned around people's feedback. Staff meeting were also held to gain their views. Professionals were asked for their views on the service at reviews and via phone calls. One healthcare professional praised care plans for being so person centred.

There was good partnership working with the learning disability team, hospital and other healthcare professionals to ensure people got the right care and support.

Systems and audits were used to ensure the environment was safe and well maintained; records were kept accurately. This included the monitoring of people's own monies with wallets and receipts kept of transactions. We did not review people's bank accounts, only their individual cash amounts held at the service.

The rating from the last inspection report was prominently displayed in the hallway of the service The provider does not currently have a website.