

Royal Mencap Society

Lawnswood Avenue

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?

Good ●

Summary of findings

Overall summary

We inspected this service on 11 May 2017; this was an unannounced comprehensive inspection visit. Our last unannounced comprehensive inspection visit took place on 5 February 2016 and breaches of legal requirements were found including the cleanliness and maintenance of the home, the number of staff available to care for people and concerns that staff did not recognise the requirements for legal consent. After this inspection the provider wrote to us to say what they would do to meet the legal requirements in relation to those requirements. We undertook a focused unannounced inspection on 29 September 2016 and found the provider had made the improvements needed to meet the legal requirements, however further improvements were needed. This was because applications to deprive people of their liberty had been made before some people's ability to make decisions and consent to care had been assessed. At this inspection we found improvements had been made in these areas.

Lawnswood Avenue is registered to provide accommodation and personal care for up to eight people with learning disabilities. On the day of this inspection there were eight people using the service, with seven people in residence on the day of our inspection visit. There was a registered manager in post but they were on long term leave at the time of our visit. An acting manager was in post to oversee the management of the service during the registered manager's absence. 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.

Staff were aware of the signs to look out for that might mean a person was at risk of harm. Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. Although there was enough staff available to meet people's personal care needs, we found that this impacted on staff availability to provide some people with the support they needed to access the community on a regular basis. The management team were monitoring the support time people needed to enable them to liaise with funding authorities regarding this.

People felt safe with the staff that supported them. Identified risks were managed in a way that ensured risks to people were minimised whilst promoting their rights and choices. People were supported to take their medicine when needed and this was done in a safe way. Checks were made before employment to confirm staff were of good character and suitable to work in a care environment.

Staff received training to support the people they worked with and supervision, to support and develop their skills. The staff team included people and their representatives in the planning of care. People were supported by a consistent staff team that knew them well. Staff understood people's preferred communication method and the support they needed to make their own decisions. When people were unable to consent to specific decisions they were supported in their best interest.

People's needs were assessed and support plans were developed with people to enable them to be supported in their preferred way. People were supported to maintain a diet that met their dietary requirements and preferences and to use healthcare services. People were treated with respect and supported to maintain their dignity. The staff knew people's likes and dislikes and preferences. People were supported to maintain relationships that were important to them.

There were processes in place for people to raise any complaints and express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the provider to drive improvement.

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.

People were protected by staff that understood their responsibilities to keep them safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's care plans. People were supported to take their medicines as prescribed. People were supported by staff and the recruitment practices in place checked staff's suitability to work with them.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that received training and support. People were supported to make decisions and to maintain a diet that met their requirements and preferences. People's health was monitored to ensure any changing needs were met.

Is the service caring?

Good ●

The service was caring

There was a positive relationship between the people that used the service and the staff that supported them. People liked the staff. Staff knew people well and understood their likes, dislikes and preferences. People were supported in their preferred way to promote their independence. People were supported to maintain their privacy and dignity and to maintain relationships with people that were important to them.

Is the service responsive?

Good ●

The service was responsive

People were supported by staff to meet their individual needs

and preferences. Staffed worked in partnership with people to ensure they were involved in discussions about how they were supported. The complaints policy was accessible and people felt supported to raise any concerns they had.

Is the service well-led?

Good ●

The service was well led.

People, their representatives and staff were encouraged to share their opinion about the quality of the service, to enable the provider to identify where improvements were needed. Staff were given guidance and support by the management team. Systems were in place to monitor the quality of the service and drive improvement.

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 checked 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 comprehensive inspection took place on 11 May 2017 and was unannounced. The inspection was carried out by one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We spoke with three people who used the service, five care staff, the acting manager, the area manager, the quality coordinator and the quality assistant.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People felt safe with the staff that supported them. One person told us, "The staff look after me." Another person said, "I like it here and feel safe with the staff." Risk assessments were in place regarding people's assessed needs. The staff we spoke with were aware of the signs to look out for that might mean a person was at risk of harm or abuse. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "I would report concerns to the acting manager or if it was the weekend or evening contact the on call. We can also report directly to CQC or the local authority if we need to." We saw that staff had undertaken training to support their knowledge and understanding of how to keep people safe.

Risk assessments were in place regarding people's assessed needs. The assessments included the actions needed to reduce risks. We saw that actions were taken to minimise the risk. For example one person required support with moving and we saw that this person's mobility needs had been assessed and equipment provided to ensure they could be supported in a safe way. Discussions with staff and a check on records demonstrated that plans were followed to ensure the person was supported safely and restrictions on their freedom, choice and control were minimised. Records were in place to demonstrate that the maintenance and servicing of equipment was undertaken as needed to maintain people's safety.

Personal emergency evacuation plans were in place. The plans provided information on the level of support a person would need in the event of fire or any other incident that required the service to be evacuated. One member of staff told us, "We do evacuation practices and the fire alarms are checked. Some of us had training this morning on fire evacuation sheets. It was good but we identified there is one person who won't be able to use them. We have fed this back to the acting manager who is going on the training tomorrow, so they can discuss this with the trainer." This showed us that the staff team had a good understanding of people's support needs and worked together to ensure they were met.

We saw that where needed, people had plans in place to support them to manage behaviour that may be a risk to them or others. We observed one person being supported by a member of staff to manage their behaviour through distraction and by creating a calm environment. Records demonstrated that this approach matched the guidance provided to staff in the person's plan. Two staff members we spoke with confirmed that they were trained to follow the plan so that the person received consistent support. One told us, "Within the risk assessments it states that we have to know where they are so we can be nearby and support them whenever it's needed."

The management team told us that the staffing levels were determined by the contractual obligations with the funding authority. We saw that there was enough staff available to support people within the service. All of the people living at the home received varying levels of one to one support which related to each person's assessed needs. We saw that some people had been allocated sufficient hours to enable them to undertake one to one activities they enjoyed in the community on a regular basis, whilst for others, opportunities to go out were limited as they received less individual support. One member of staff told us, [Name] would love to

go out every day if they had the opportunity but they only get three hours of one to one support a week. They do go out but more in a group." This person confirmed that they liked going out. Despite these contractual obligations we saw that the staff team supported people when they were able to access activities in the community that they enjoyed. For example, several people were supported to attend a local disco on the evening of our inspection. Staff told us that some people required more staff support than others to meet their personal care needs. One member of staff said, "It does affect the amount of time we have to go out with people." The management team had recognised this was an area for improvement and were monitoring the support time people needed with their personal care, to enable them to raise this with people's funding authorities.

The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

We saw that medicines were managed safely as the provider had processes in place to receive, store, administer, and dispose of medicines safely. People were supported by staff trained to administer medicines. A medicine administration record (MAR) was kept and staff signed when medicine had been given or if not, the reason why. We saw that when medicines were administered this was checked by a second staff member which reduced the possibility of any medicine errors. A protocol was in place for staff to administer medicines that were taken 'as required'. This provided staff with clear guidance on when these medicines should be given. We saw that MAR's were checked at the end of each shift to ensure any errors were identified quickly.

Is the service effective?

Our findings

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 people 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our last inspection we found that DoLS applications had been made on behalf of everyone that used the service but mental capacity assessments had not been completed prior to these applications being made. A deprivation of liberty can only occur when it has been assessed that a person lacks capacity.

At this inspection we saw that mental capacity assessments were in place when it had been identified that a person was unable to make specific decisions regarding their care. The information in people's assessments and support plans reflected their capacity and when they needed support to make decisions. People were supported to make decisions using sign language, pictures or real life objects. We saw that people were involved in discussions about their care and staff obtained people's consent before they supported them. Staff confirmed they were provided with training to support their understanding around the Act. Discussions with staff demonstrated they understood the principles of the MCA.

People who used the service were unable to understand risks to their safety and were not safe to go out without support from staff. We saw that applications to the DoLS team had been made, to ensure that people were only deprived of their liberty when it was necessary to protect them from harm. At the time of our visit, one person had a DoLS authorisation in place. This demonstrated that where people were being restricted in their best interests, this was done in accordance with the MCA to ensure their rights were protected.

People we spoke with confirmed that they were happy with the support they received from staff. One person told us, "The staff help me a lot." Another person said, "I like the staff they are all nice." Staff told us and we saw that they received the training they needed to care for people. One member of staff told us, "We get a lot of training; there is a list of all the training in the office." Discussions with staff confirmed they received training that was relevant to the people they supported. One member of staff told us, "Some of the people we support are getting older. We've had training about understanding dementia. If anyone has any specific conditions we get training to cover this, like epilepsy." New staff were supported with an induction programme and staff told us this included working with more experienced staff and reading people's support plans. Staff confirmed they received supervision and appraisals through the provider's 'shape your future' staff development plan. One member of staff told us, "We have shape your future meetings every three months but we can go to the acting manager at any time, they are very supportive."

We observed people choosing what they wanted to eat at the lunch time meal. A member of staff told us,

"We always ask people what they would like." We saw that most people chose to eat together at the dining table. However, some people chose to eat in their rooms and the staff respected their wishes. Food choices were displayed in the kitchen and we saw that people were involved in planning meals.

People were supported to follow a diet that met their assessed needs. One person due to their risk of choking required a specific diet that had been recommended by a health care professional. Staff we spoke with had a clear understanding of this person's dietary needs and their preferences. Staff confirmed they monitored people's diet and fluids where this was needed. One member of staff told us, "We have people that have their fluid intake monitored to ensure they drink enough and currently we are monitoring what one person eats. This is because they haven't been here long and we want to work out what they like and the amount they eat." We saw that people's weights were monitored to ensure any increase or decrease in their weight was identified and actions taken when needed.

Discussions with staff and records seen demonstrated that staff supported people to maintain their health care needs. Staff had a good understanding of people's specific health needs and followed professional guidance to ensure people's well-being was maintained. We saw that when needed referrals had been made to health care professionals. One member of staff told us, "We work closely with the community learning disabilities team and with the district nurses. They are really supportive." We saw that people were encouraged to participate in routine health checks.

Is the service caring?

Our findings

We observed a positive and caring relationship between people who used the service and staff. People were comfortable with the staff that supported them. Staff demonstrated a good understanding of people's needs and treated people with respect and in a kind and caring way. One person told us, "I like living here; the staff are nice and help me."

Staff understood people's method of communication and this was recorded in their support plans, which provided information on the person's communication methods and how to communicate with them, such as the use of pictures, signs and gestures. This enabled people to make decisions about their life and demonstrated that staff worked with the people they supported to ensure decisions were sought, included and respected, according to individual preference and choice. The support provided to people promoted their independence. This was done by supporting them to make choices on a day to day basis. We saw that people's right to privacy was observed. For example we saw that some people preferred to spend time in their bedrooms and staff respected this.

When people were feeling unwell we saw that staff treated them in a caring and considerate way. For example one person due to a recent health issue was feeling unwell and chose to spend the morning in bed. We saw that the staff team were attentive to this person's needs to ensure they were comfortable and had everything they needed. Later in the day this person felt well enough to get up and we saw the staff were genuinely supportive of this, we heard one member of staff say to them, "It's lovely to see you're feeling a bit better."

We saw that staff supported people to maintain their dignity for example, by ensuring people were asked in a discreet manner if they needed personal support. We saw that staff supported people to maintain their appearance, by supporting them to choose clothing that met their preferences and personal style and by supporting them to maintain their appearance after meals. This demonstrated that people were partners in their own care and were treated with consideration and respect.

People's privacy was respected when they chose to spend time alone in their room. One person confirmed they had chosen to spend time in their room watching DVDs and we saw the staff respected this. We saw that people were supported to maintain their independence by taking responsibility for some household chores such as doing their laundry and keeping their bedroom clean and tidy.

People were supported to maintain relationships with significant people who were important to them such as family members and partners. One person said, "I am going to visit my girlfriend tomorrow." We saw that this person received one to one support to visit their partner on a regular basis.

Is the service responsive?

Our findings

People confirmed that the support provided to them by the staff team met their needs. We saw that people received continuity in their support because they were supported by a regular team of staff that knew and understood them. We saw that a full assessment had been completed that included people's needs and preferences. Plans were specific to individuals and staff we spoke with demonstrated that they knew people well.

We saw that people had been supported to decorate their bedrooms to their preferred taste. Each bedroom was personalised and reflected the person's taste. Staff supported people to maintain their interests and hobbies. One person liked to go fishing and we saw they were able to do this. Another person enjoyed gardening and showed us the planting they had done in the garden. This person attended a college course to further enhance their gardening skills. People were supported to attend social clubs. One person told us, "I am going to the beehive disco tonight, I really enjoy it." Another person told us they wanted to visit New York and were in the process of planning this holiday for a future date. Staff told us, "We are working with [Name] to prepare them and ensure they will be comfortable with the flight, we've done this through shorter flights journeys, like flying to Dublin." This showed us that staff worked in partnership with people to achieve their goals.

The acting manager told us of plans to enhance people's social skills and interests. This included a college course that taught life skills to people. This would be done in house following individual assessments with people. A local company were also going to provide facilities to teach people how to make plays and videos and learn to play a variety of musical instruments. This demonstrated the management team actively sought opportunities to enhance people's well-being and promote learning and social inclusion.

People's support records showed that they were reviewed when any changes to their support needs were identified. We saw that annual reviews of people's support package were undertaken with their involvement and the involvement of their representatives. This was done to confirm that they remained happy with their support and that it continued to meet their needs and preferences.

People's views were sought on a regular basis through meetings. We looked at the minutes of some meetings and saw that people were encouraged to express their views and discuss any concerns they had. People confirmed they would feel comfortable telling the manager or staff if they had any concerns. We saw that one person was being supported to make a complaint at the time of our visit. The area manager told us, "We will support them to raise their concern and this will be addressed to ensure they receive a good outcome." Staff told us that any complaints or concerns made to them would be reported to the acting manager. A complaints procedure was in place and this included a pictorial format to support people to raise any concerns they had. A system was in place to record the complaints received. We saw that complaints were addressed in a timely way and included the actions taken and outcome.

Is the service well-led?

Our findings

At our last comprehensive inspection we found improvements were needed. This was because the provider had not informed us that the registered manager was on secondment at another home. The staff also said they did not feel supported and told us staff morale was low.

At this inspection the registered manager was on long term leave from her post. The provider had informed us of this and the arrangements they had in place regarding the management of the service. An acting manager was in post to oversee the management of the home, Staff told us they felt supported. One member of staff said, "Things are a lot better than they were. We are using agency staff on some shifts but we try and get consistency so that they get to know people." Another member of staff said, "Its good team work, the management support is very good." At the time of our visit there were staff vacancies at the service and these posts had been advertised. The area manager confirmed that agency staff were used to ensure the staffing levels were maintained. Plans were also in place to recruit a volunteer team to enhance people's opportunities to follow their interests.

We saw that the provider had measures in place to monitor the quality of the service and drive improvement. The provider's quality assurance systems linked with our fundamental standards and associated key lines of enquiry to promote good practice. We saw that monthly audits of key records such as people's support records and risk assessments, environmental checks and health and safety checks were undertaken. This included the identification of trends or patterns associated with incidents which occurred in the home. The acting manager confirmed they were alerted if actions were required. At the time of our visit work was being undertaken on people's support files to enhance the format and detail of information available.

The provider also monitored staff's professional development and support and regular consultations were undertaken with people that used the service. A national quality team also supported the acting manager in driving improvement through audits and inspections. On the day of our visit various members of the quality team were at the service. This included a quality assistant, quality coordinator and a practice advisor. Each person supported the provider in ensuring the quality of the service was monitored and improved. For example the role of the quality assistant was to visit people that were supported by the provider and ask them if they are happy with the support they received. They told us, "I visit various Mencap services across the country to see if people are happy with the support they get and feed back in a report." The practice advisor confirmed they were part of a team that delivered positive behaviour support training into services. They told us, "I spend a lot of time in services providing coaching and leadership." This demonstrated the provider was proactive in monitoring the quality of the service to enhance the support provided to people.

The provider understood the responsibilities of their registration with us. They had reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a

rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website.