

# Diverse Abilities Plus Ltd

# Lawford Lodge

## Inspection report

56 Hoyal Road  
Poole  
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Tel: 01202718238

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27 April 2021

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

Lawford Lodge is a care home providing respite care for people aged 18 to 25 with profound disabilities and complex medical needs. The service can support up to two people. At the time of the inspection there were no people receiving respite. The two most recent people to have had respite at Lawford Lodge went home the day prior to the inspection.

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

Staff knew what signs and symptoms could indicate people are experiencing abuse or harm. Staff felt confident management would listen and act if they raised concerns.

People felt safe. There were enough staff to keep people safe and meet people's individual needs. Staff knew people well and had a good understanding of their individual risks and how to minimise them without being unduly restrictive. There were robust processes in place to ensure the safe recruitment of staff.

People were supported to have maximum choice and control of their lives during their respite stays and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and how it applied to the people there. This provided protection for people who do not have capacity to make decisions for themselves. People's consent was consistently sought prior to support being offered. Records and a person confirmed this.

A range of audits and regular checks helped ensure service quality was maintained and areas for improvement identified. Learning was shared with staff and used to develop the service. Staff told us they were supported to progress professionally which made them feel motivated and confident in their roles. Staff told us their work during the COVID-19 pandemic had been recognised and rewarded.

People were supported by staff who had received the necessary training and ongoing support to help them meet people's complex support needs with confidence, dignity and respect. Staff competency was monitored on an ongoing basis through practice observations, regular supervision and appraisals.

Staff got on well with their colleagues and felt supported by the registered manager. People, relatives, staff and professionals were unanimously positive about the registered manager and said the service was well run. A person told us, "[The registered manager] is very nice and helps a lot. I love staying here."

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care and service setting maximised people's choice, control and independence

Right care:

- Care provided at the service was person-centred and promoted people's dignity, privacy and human rights

Right culture:

- The ethos, values, attitudes and behaviours of management and care staff ensured people using the respite service led confident, inclusive and empowered lives

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The service was registered with us on 01/07/2019 and this is the first inspection.

Why we inspected

We inspected this service as they had not been inspected by us since registering with us. We had not received any concerning information about this service from the time of their registration up to and including the time we carried out this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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?

Good ●

The service was 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.

# Lawford Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Lawford Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who

work with the service. We reviewed our systems to determine what activity had taken place with this service since they registered with us. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who regularly used the respite service and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, competency checks and quality assurance records. We spoke with one professional who regularly liaises with the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood the signs and symptoms that could indicate a person was experiencing harm or abuse. Staff told us they would feel comfortable whistle blowing if they heard about or witnessed poor or abusive practice. One staff member expressed, "It is our responsibility."
- A person who had recently used the service told us, "I feel safe with the staff. They know I don't like the dark and leave a light on for me." Relatives felt their family members were safe when at Lawford Lodge. A relative said, "I definitely feel [name] is safe. The service is excellent." Another relative expressed, "I feel [name] is 100% safe there. I am confident in the staff."

Assessing risk, safety monitoring and management

- People had individual risk assessments specific to their needs and staff were aware of how to work with them to manage these risks without being unduly restrictive. Risk assessments covered areas of people's lives including community trips, dietary intake, skin integrity, COVID-19 and epilepsy.
- People had Personal Emergency Evacuation Plans (PEEPS) in place which guided staff on the most appropriate way to support people to get out of the home safely in the event of an emergency such as a fire. All fire systems and procedures were checked regularly.

Staffing and recruitment

- There were enough staff to meet people's needs and respond flexibly. Three regular staff supported the service and therefore got to know people and their families well. The service had not used agency workers since the COVID-19 pandemic started.
- There was a robust recruitment and selection process. Checks had taken place to ensure staff were suitable to support people with care needs.
- Each staff member had a health check to ensure their capability to do their role.

Using medicines safely

- Medicines were managed safely. People received their medicines on time from staff with the relevant training and competency checks. A relative confirmed, "[Name's] medicines are always on time."
- Medicine Administration Records (MAR) clearly showed what medicines people required and the reason it was prescribed. Medicine records were legible and complete. Where any errors were identified these were followed up in a timely and supportive way by the management.
- Where people were prescribed medicines they only needed to take occasionally, for example pain relief, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- The service recorded accidents and incidents as appropriate. These were reviewed and signed off by the registered manager. There was evidence that where learning was identified this was shared with the staff, the person and their family to help understand what had happened and prevent a re-occurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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; Staff support: induction, training, skills and experience

- People had a comprehensive pre-assessment to support their respite stay. This included their needs, abilities, preferences and compatibility with other people using the service.
- One relative told us that their family had complex surgery prior to a respite stay. The relative told us, "They were so good with the aftercare. They were magnificent."
- Staff induction included a six-month probationary period where they were supported to develop and become confident with the skills and approach needed to support each person's needs. Staff shadowed more experienced staff for a minimum two-week period or longer if required. Reviews included a summary of strengths and developmental needs that were tracked.
- People were supported by staff who had received ongoing training. Training undertaken included moving and handling, safeguarding, safe handling of medicines, food safety and emergency first aid.
- Staff competency was monitored via regular competency checks, appraisals and supervision.

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

- People received support where needed to eat and drink sufficiently in line with advice from health professionals such as dieticians and speech and language therapists. A relative said, "They cater for [name's] specific diet." People were provided with specialist equipment where required to help them enjoy and stay safe at mealtimes.
- Some people who came for respite had their dietary intake via a PEG feed. This is where people are supported to have their nutrition, fluids and/or medications via a flexible tube that goes directly into their stomach. Staff had received the necessary training to support people safely with this equipment.

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

- People were supported to maintain their health by timely access to relevant health professionals. This included community nurses, dieticians, social workers, GPs and a physiotherapist. Where specialists had recommended particular treatment plans staff followed these as instructed. A professional advised, "Communication is good. They are one of my better services. The client I support has complex needs and they've met those."
- Relatives were confident in the staff members' ability to meet their family members' needs and seek support from healthcare services as appropriate. A relative commented, "They have always dealt with [name's] epilepsy well and I have been updated when [name] has had a seizure. I feel staff are competent."

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

- The service is provided from a bungalow situated in a cul-de-sac on a residential estate. It has level access inside and outside in the enclosed rear garden. A relative said, "There's a nice garden. The bungalow is accessible which is great for [name]. There is room for [name] to relax."
- On a tour of the garden we noticed a waist height wall that potentially could be climbed by people who were more mobile. However, people who regularly use this service are supported in bespoke wheelchairs and have one to one support. The registered manager told us they were in contact with the provider to make changes to the wall to make it safer. Following the inspection, the provider confirmed this work would be done.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights were protected as required by the MCA. People had mental capacity assessments which were reviewed. Best interest decision meetings were held with involvement from relevant persons including family members, health professionals, management and staff familiar to them. The registered manager told us, "We presume everyone has capacity until an assessment says they haven't."
- Staff understood the importance of gaining consent on each occasion they looked to support people. The registered manager said, "People we support could be extremely vulnerable, so we have to make sure we gain consent to ensure what we're doing is what they want and need." A person confirmed, "They always ask before they help me."

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were treated with kindness and respect. A person told us, "Staff are kind. They ask me if I'm having a good time. I say I'm having a very good time." Relatives were confident that their family members were treated kindly and with respect. They commented, "Staff treat [name] with respect. [Name] claps when [name] approaches Lawford Lodge which is a good sign" and, "[Name] tells us [names'] had a great time and doesn't want to come home. [Name] told us [name] wanted to move in there!"
- People were given support to express their views and ideas about the care and support they received. For example, one person had informed staff that the hoist being used did not provide the same level of comfort and security as the one they were using at home. The service had listened and ordered a hoist of the same model to meet this person's requirements.
- Most people who stayed at the service communicated using non-verbal means such as signs or body language or specific sounds. Decisions about their care and support were based on a robust understanding of their body language alongside discussion with their relatives and relevant health professionals.
- People were supported to make decisions about their care and how they wished to spend each day. People were encouraged to try new things and develop their skills. A relative advised, "[Name] helped them cook a roast dinner that [name] requested around Christmas time."
- Staff demonstrated a good understanding of the benefits of offering freedom and choice. One staff member explained, "That is the right thing to do. If people don't have choice, then they are then living the life that we choose. We offer people choice with things like what time they want a shower, meals, activities and how long to go out for." A person said, "They tell me I can do what I want."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who understood the importance of helping them with their privacy and maintain their dignity. A staff member advised, "We make sure curtains and doors are shut during personal care. We make other staff aware we are doing personal care and give people space when they are getting changed."
- Staff understood the importance and benefits of helping people maintain their independence. People's care plans were clear in detailing the extent to which people needed support with particular tasks and what they could achieve themselves.
- People's personal records were held in lockable cabinets to ensure they remained safe and confidential. Staff had received training in how to keep personal data secure and private in line with current regulations.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were person-centred and reviewed as required. Daily notes confirmed people had control and choice in their day to day lives. A relative told us, "I feel involved. They ask me for updates, and I make sure they know if anything has changed. They update me after every stay." Another relative expressed, "Their care plans cover everything." A staff member told us, "We do care plans with the person and their parents. We continually add to them. The care plans are continually evolving. We review them yearly or when things change."
- A person told us, "The staff know me well. They know I don't eat [type of food]. I'm loving stay there. I'm going again [dates] and am looking forward to it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were known and consistently met. This included where people used specialist communication tools and languages. People, relatives and records confirmed this. People received an easy read welcome pack when they arrived.
- Care plans clearly documented how staff could communicate effectively with each person. For example, "I use an iPad to communicate with. Please provide my ear defenders to block out noise I find unsettling." A relative told us, "If [name] is unhappy they can ascertain why, what the problem is. That is good as [name] is non-verbal."
- Information and procedures were available in easy read format, for example, safeguarding, COVID-19 and complaints.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to stay in contact with relatives and friends. A person told us, "I call my family with my own phone."
- People were supported to take part in activities of their choice and that they enjoyed. Photos and daily records provided evidence that people took part in regular and varied activities according to their preferences. This included visits to the beach, farms, singing, watching films, swimming and spending time with friends at a local café.
- People's individuality and preferences were acknowledged and formed the basis for decisions about their

lives. For example, if people preferred to spend some time alone this was respected.

#### Improving care quality in response to complaints or concerns

- The service had a complaints policy and a system to record and respond to complaints. The easy read welcome pack included details of how to contact CQC and confirmed people would be supported to talk to an advocate, social or independent person if required. There had been no complaints since the service registered with CQC.
- A person and people's relatives told us they knew how to complain and had confidence they would be listened to if they needed to raise anything. A relative said, "If there any problems during a stay they contact me. I would raise with [name of registered manager] if I had a complaint. I haven't needed to."

#### End of life care and support

- Although the service had not recently supported anyone with end of life care needs, staff had previously provided a respite stay for a person who was on palliative care for a significant number of years. Staff had access to counselling and bereavement services to manage the impact of this.
- Due to the nature of this service, that is people staying for no longer than a couple of days at a time, the service did not actively explore people's end of life wishes. Nonetheless, if expressed and documented prior to the respite stay, staff had the skills to meet these needs in a sensitive and supportive way. Staff respected when people and/or their relatives did not want to discuss this area of care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The culture of the service was professional, friendly and supportive. The registered manager described the culture as, "Extremely friendly and welcoming. It's a little family here. It's nice and relaxed even when it's busy."
- Staff told us they enjoyed working at Lawford Lodge, got on well with their colleagues and were supportive of each other. One staff member said, "I love working at Lawford Lodge. It's like a family. We all support each other."
- The registered manager was clear about what their role entailed. They said it included, "Ensuring staff are meeting people's needs, putting guidance into practice and meeting regulatory requirements."
- The registered manager had a good understanding of what events would require them to submit a statutory notification to CQC and to notify the safeguarding team. Providers are required to inform CQC of certain events that happen within their service, this is a legal requirement
- The registered manager was proud of the service and said the best achievement was, "Getting the service up and running." They added, "This service has allowed us to extend that support branch to people and their families to help them transition from children's to adults' services."
- Management carried out audits and competency checks which helped ensure that quality performance, risks and regulatory requirements were understood and managed. These included checks of MAR charts, infection prevention and control, care plans, equipment servicing, daily notes and health and safety.
- The manager had a good understanding of the duty of candour. They said it was about, "Being very open and honest if something has gone wrong and communicating that to people, to learn what to do next time."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service sent out surveys, so people and their relatives had an opportunity to comment on the respite care received. Feedback was analysed to help determine where they were doing well and what could be improved. Questions had included how the service had managed the COVID-19 pandemic and what ideas relatives had for the future development of the service. Relatives had commented had included, "Our young person looks forward to their holibobs" and, "I would like to express how happy [name] is at Lawford Lodge."
- A person and relatives spoke positively about the registered manager. A person said, "[Registered

manager] is very nice and helps a lot", while a relative expressed, "[Registered manager] seems to be very efficient. [Registered manager] is quite happy to change respite dates. [Name] is very informative and quick to get back to me. [Name] is good with transitions bookings and very approachable."

- Team meetings were held monthly. There were also lead support and managers meetings to share experiences and learning. Staff told us they could speak freely at these meetings and actions were followed up.
- Staff were encouraged to progress and develop their skills and knowledge. The registered manager felt supported by the provider and said their human resources department had supported them to undertake and pass a level five diploma in leadership and management. Staff records showed a carer had been supported in their request to do a level two diploma in health and social care. A staff member said, "[Name of registered manager] helps me learn as does the company."

#### Working in partnership with others

- As a transitions service for 18 to 25-year-old people the registered manager had worked closely with a number of outside agencies to meeting people's needs and life choices. This had included liaising closely with schools, colleges, day centres and multi-disciplinary teams. The registered manager told us, "We are always very much about extending people's abilities. We liaise with schools to check we can help them carry on with something they like or do new things." A professional said, "I have no concerns at all. The registered manager is always good at getting back to me. I feel the service is well run."