

Royal Mencap Society

# Lawnswood Avenue

## Inspection report

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Date of inspection visit:  
02 December 2019

Date of publication:  
01 January 2020

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Lawnswood Avenue is a small location providing accommodation for up to eight people with learning disabilities and who require nursing or personal care. At this inspection five people were living there.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

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

People were not always safe as the systems and procedures at Lawnswood Avenue were ineffective in identifying improvements needed in safety.

Risks associated with people's care were not always accurately identified and risk assessments were not always updated to account for people's changing health conditions.

People were not safe from infectious illnesses as the infection prevention and control measures at Lawnswood Avenue were not effective.

People were not always treated with dignity as they were expected to eat from dirty over chair tables and sit on furniture which was torn. They were supported with their personal care in bathrooms which contained rusty and dirty equipment.

The providers quality monitoring procedures were ineffective in identifying the improvements which were needed to drive good care and support.

People received their medicines safely. Staff members had been trained and assessed as competent before supporting people with their medicines. Staff members were aware of the necessary action they should take in the event of an emergency.

People were protected from harm and abuse as the staff team had been trained to recognise potential signs of abuse and understood what to do. People had information on how to raise concerns and were confident any issues would be addressed correctly.

People had access to additional healthcare services when required.

People were supported to maintain a healthy diet by a staff team which knew their individual likes and dislikes.

People were supported to have maximum choice and control of their lives 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.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender, disability and religion.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The provider, and management team, had good links with the local communities within which people lived.

Rating at last inspection

The last rating for this service was 'Good', (published 21 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. Please see the Safe, Effective, Caring and Well-led sections of this full report.

Enforcement:

We have identified breaches in relation to the safe care and treatment of people and how the location is managed.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lawnswood Avenue on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Lawnswood Avenue

## 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.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Lawnswood Avenue 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 service had a manager in post who was going through the registration process with the CQC to become a registered manager. This means they will, along with the provider, be legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### 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 asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and

represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. In addition, we spent time with people in the communal areas observing the care and support provided to help us understand the experience of people who could not talk with us.

We spoke with five members of staff including three care staff members, the area operations manager and a registered manager from another location who was providing managerial cover.

We reviewed a range of records. This included two people's care records including the records of medicine administration. We confirmed the safe recruitment of staff and looked at a variety of records relating to the management of the service, including quality monitoring checks.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People did not always receive safe care and support. For example, we looked at the risk assessment for one person regarding their eating and drinking. This risk assessment did not reflect the latest professionals' advice and guidance. We asked three staff members about how they supported this person. Each gave a different account on how to safely prepare the person's fluids. However, none of these accounts were in accordance with the professional's advice. This put the person at risk of receiving inconsistent and unsafe support.
- Not all areas of Lawnswood Avenue were safely maintained. For example, we saw radiator valves missing with exposed sharp edges, exposed hot water pipes, open access to boiler and central heating systems and open access to control of substances hazardous for health (COSHH) products. These issues put people at risk of harm.

### Preventing and controlling infection

- The infection prevention and control processes at Lawnswood Avenue were ineffective. For example, we saw paint work had rusted and the flooring was compromised in communal bathrooms. Over chair tables were engrained with an unidentifiable substance and showed signs of water egress. One person's arm chair had tears in the fabric, pull cords were discoloured and stained, food items were stored on the floor in the communal kitchen and the dining table was worn with missing varnish and exposed wood. These issues prevented effective cleaning and put people at risk of contracting communicable illnesses.

These issues were a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After we identified these issues with the management team they started to act to address what we had highlighted. For example, we saw several over chair tables had been ordered which were delivered by the time we left.

### Systems and processes to safeguard people from the risk of abuse

- All those we spoke with told us they felt protected and free from abuse at Lawnswood Avenue. People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, staff, relatives and visitors on how to report any concerns. The

provider had systems in place to make appropriate notifications to the local authority to keep people safe.

#### Using medicines safely

- People received safe support with their medicines. One person told us what their medication was and when they needed it. They went on to say they could decide if they needed their medicine. We later saw this person making a decision about additional pain control.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period. Staff members were aware of these guidelines.
- Any medicated topical creams were administered when prescribed and recorded as needed.
- The provider had systems in place for investigating any perceived medicine errors. Staff members told us they received training in the safe administration of medicines and were assessed as competent.

#### Learning lessons when things go wrong

- The management team told us they analysed incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people. This included the analysis of incident, accident and near miss occurrences.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

#### Staffing and recruitment

- People were supported by enough staff who were available to safely support them. We saw people were promptly supported when needed or requested. The provider followed safe recruitment processes when employing new staff members.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Generally, people's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been assessed. Despite the omission to review one person's changed needs care and support plans reflected people's needs.
- Staff members could tell us about people's individual needs and wishes despite the one incident where it appears details had not been passed to staff members.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them.

Supporting people to live healthier lives, access healthcare services and support

- People had access to additional healthcare professionals including GP's, nurses and dentists. When it was needed people were referred promptly for assessment. At this inspection two people told us about a healthcare check-up they had attended, and they were happy with the outcome.

Staff working with other agencies to provide consistent, effective, timely care

- Overall, the management team had effective systems in place to provide effective and timely care to people. We saw records where outcomes of healthcare professionals' visits had been recorded despite one omission already reported on.

Staff support: induction, training, skills and experience

- People were supported by a staff team who had received appropriate training and who felt supported by the provider and the management team. Staff members we spoke with told us they received regular support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training.
- New staff members completed a structured introduction to their role. In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively.

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

- People told us they had a choice of meals. We saw people making decisions about what they wanted to

eat and when. People were supported by staff to identify healthy eating choices.

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

- We saw people moving safely around Lawnswood Avenue. One person told us they were redecorating their bedroom with colures and posters of their choosing.

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.

- We saw the provider had made appropriate applications in line with the MCA and had systems in place to ensure any renewed applications were made in a timely way to ensure people's rights were maintained.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.
- People told us, and we saw, they were asked for their permission before staff members supported them.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not always treated with dignity and respect. For example, at this inspection we saw people were expected to eat their meals from dirty over chair tables, sit on chairs with tears in the fabric and complete their personal care in areas with rusted fixtures. These issues did not promote a dignified and respectful setting for people to live in.
- Despite what we found people told us they felt well treated by a kind and respectful staff team. We saw people sharing jokes with staff and happily engaging with them. This indicated to us the staff members treated people well on a personal level.

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

- People were supported by staff members they described as, "Nice", "Good," and "Kind." One person said, "They (staff) are alright they are. I like that one (pointing to one staff member). They are my friend and they look after me."

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

- People told us they were supported to make decisions about their care and support. One person told us they had planned to go out in the afternoon. They described what they had decided to do, where they were doing it and who they wanted to support them.
- Throughout this inspection we saw people were asked how they wished to be supported and what they wanted to do. People were supported by staff members to be fully involved in decisions about their care and support.
- People told us, and we saw, they were involved in the development of their support plans.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People, and if needed, those close to them, were involved in the development and review of their care and support plans. These plans included people's personal preferences, things that mattered to them, what they liked and what they didn't like. They went on to describe what the person was good at and what they needed support to complete. One person said, "I talk with (staff members name) and we write it together."

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 had information presented in a way that they found accessible and, in a format that they could easily comprehend.

Supporting people to develop and maintain relationships to avoid social isolation

- People were involved in activities they enjoyed and found stimulating. One person told us they liked sewing and crafts. Another told us they liked to go to discos and keep in touch with their friends.
- One person described how they planned their holiday which they enjoyed, and they are now looking forward to planning their next experience.
- One person described how they were supported to keep in touch with other members from their faith group.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support

- At the time of this inspection staff were not supporting anyone at the end of their life. However, we saw the management team were working with people to encourage them to identify things that mattered to them as part of a "When the time comes" document.

# 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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider had ineffective systems in place to monitor the quality of the service they provided. For example, their systems had failed to identify the recommendations from a health care professional or amend the person's care and support plan. They failed to identify staff members approach, to supporting this person, was inconsistent and not in accordance with the recommendations.
- The provider had recently completed a quality visit where they looked at the quality of care provided and the location. This check failed to identify the issues we found at this inspection. During a specific section the check focused on the environment. It failed to identify or rectify issues with safety or infection prevention and control. However, it did identify the COSHH cupboard was left open. We also found this cupboard open at our inspection. This meant the check was ineffective in identifying and correcting poor care and practice.

These issues constitute a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A manager was in post but not present owing to pre-arranged annual leave. We confirmed the manager was currently going through the registrations process with the CQC in order to become a registered manager.
- A registered manager from another location was providing managerial cover during their absence.
- The manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Lawnswood Avenue and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they had a positive relationship with the management team who they found to be supportive. Staff members we spoke with told us they found the management team helpful and approachable.

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

- We saw the management team, and provider had systems in place to investigate and feedback on any incidents, accidents or complaints.
- Staff members told us the management team were open and transparent when things needed to be improved or changed as a result of any specific incident or near miss. One staff member told us they had frequent discussion about what had gone wrong in other care setting to try and prevent similar situations from occurring at Lawnswood Avenue.

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

- People were involved in decisions about their care and support and were asked for their opinion. One person told us they could be involved in as much or as little as they liked. They said they had chosen the colour of the walls.
- Staff members told us they found the management team approachable and their opinions were welcomed and valued.
- Staff members took part in regular staff meetings where they could discuss elements of the work they completed.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices, District Nurse teams and local areas of interest.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risk assessments did not reflect the guidance from healthcare professionals. The physical environment did not promote effective infection prevention and control measures or a safe living environment.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The providers quality assurance systems were not effective.

### **The enforcement action we took:**

We have issued the provider with a warning notice.