

Lawwood Limited

Lawwood

Inspection report

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13 November 2018

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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 carried out an unannounced inspection of Lawwood on 12 and 13 November 2018.

Lawwood 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. Accommodation is provided on two floors. All bedrooms had a shower ensuite facility. At the time of the inspection, there were 11 people accommodated in the home.

At the last inspection on 27 and 28 July 2016, the service was rated as 'Good'. During this inspection, we found the service remained 'Good'.

People using the service said they felt safe and staff treated them well. Appropriate recruitment checks took place before staff started work. There were enough staff on duty and deployed throughout the service to meet people's care and support needs. Safeguarding adults' procedures were robust and staff understood how to safeguard the people they supported from abuse. People's medicines were managed appropriately and safely.

Staff had completed an induction when they started work and completed regular refresher training. The registered manager and staff understood the principles associated with the Mental Capacity Act 2005 (MCA) and acted according to this legislation. 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. There were appropriate arrangements in place to ensure people were supported to follow a healthy diet. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. We observed staff had a good relationship with people and supported them in a kind and caring manner. People living in the home, had been consulted about their care and support needs. Care plans and risk assessments provided guidance for staff on how to meet people's needs. People were supported to participate in activities that were personalised and meaningful to them. We noted people participated in a wide range of activities and had a weekly activity planner to help them structure their time.

People were aware of how they could raise a complaint or concern if they needed to and had access to a complaints procedure.

All people and staff told us the service was well managed and operated smoothly. The registered manager provided leadership and took into account the views of people, their relatives and staff about the quality of care provided. The registered manager used the feedback to make improvements to the service.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Lawwood

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.

An unannounced comprehensive inspection took place at Lawwood on 12 and 13 November 2018. The inspection was carried out by one adult social care inspector.

In preparation for our visit, we considered the previous inspection report and information that had been sent to us by the local authority's contract monitoring team and the safeguarding vulnerable adults team. We also checked the information we held about the service and the provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

Before the inspection, the provider submitted a detailed Provider Information Return. This is information we ask providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with eight people living in the home, two members of staff, the manager and the provider's representative.

We looked at range of documents and written records including an examination of four people's care files, two staff recruitment files and the staff training records. We also looked at 11 people's medicines administration records, a selection of the policies and procedures, accident and incident documentation, meeting minutes and records relating to the auditing and monitoring of service provision.

Is the service safe?

Our findings

People using the service told us they felt safe and were satisfied with the care and support they received. For instance, one person said, "The staff are wonderful. They make me feel safe. I'm very happy living here" and another person commented, "All the staff are very kind. I've got no worries about them." We observed that people were relaxed and comfortable in staff presence.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. We found there was an appropriate safeguarding policy and procedure in place and information was readily available for staff reference. The manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. The staff spoken with said they would report any incidents of actual or suspected harm and were confident the manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff said they had completed safeguarding training and records seen showed us the manager was in the process of refreshing this training. Staff told us they had received additional training on how to keep people safe, which included infection control and health and safety.

People were satisfied with the way their medicines were managed. For example, one person told us, "I get my tablets on time every day and they've explained, I need to take them every six hours." However, two people highlighted difficulties in obtaining pain relief medicines the night before the inspection. Both people told us this resulted in them experiencing pain. We discussed these comments with the manager, who ensured the people were comfortable and agreed to commence an immediate investigation. We also noted the concerns were reported by the manager to the local authority under safeguarding vulnerable adults' procedures and appropriate appointments were made to check the people's healthcare conditions.

We reviewed the arrangements in place for supporting people with their medicines. We found guidance for staff on how to support people with medication was included in the care plan, along with information on the management of any risks associated with their medicines. Appropriate records were maintained for the receipt, administration and disposal of medicines and all records seen were complete and up to date. All staff had completed a safe handling of medicines course and undertook competency tests to ensure they were competent at this task. We saw records of the staff training and competency tests during the inspection. Since our last visit to the home, the manager had introduced a countdown sheet, so staff could closely monitor stocks and the administration of people's medicines. The manager had also introduced robust procedures to manage people's medicines when they were away on holiday.

We looked at how the provider assessed and managed risks to people's health and well-being. We found individual risks had been assessed and recorded as part of people's care documentation and management strategies had been drawn up to provide staff with guidance on how to manage any risks in a consistent manner. The risks assessed were broad and wide-ranging and included such areas as personal care,

activities both inside and outside the service, public transport and the management of finances. Records showed that risk assessments were reviewed and updated on a regular basis to ensure they reflected people's current needs and wishes. We saw records to demonstrate the manager had also assessed generic risks for instance the use of hazardous substances, lone working and slips, trips and falls. We also noted personal emergency evacuation plans (PEEPs) had been completed and these gave details about how each person should be assisted in case of an emergency.

Following an accident or incident, a form was completed and details were added to an overall log. The manager investigated the circumstances of any incidents or accidents and carried out the necessary actions to minimise the risk of a reoccurrence. There was an overall log of accidents and incidents, which the manager agreed to update with details of the latest accidents and incidents.

The provider employed sufficient staff to keep people safe and meet their support needs in a timely way. We saw the service had a rota, which indicated which staff were on duty during the day and night. This was updated and changed in response to staff absence. The rotas confirmed staffing levels were consistent across the week. Staffing levels were flexible and alterations were made in line with changes in people's needs and activities. Staff spoken with confirmed they had ample time to support and care for people. For instance, one member of staff told us, "We always have time to sit and talk to the residents. It's one of the best things about the job. The residents come first every time."

Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. These checks included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. This meant the manager only employed staff after all the required and essential recruitment checks had been completed. We noted the provider had a recruitment and selection policy and procedure, which reflected the current regulations.

We saw documentation and certificates to show that relevant checks had been carried out on utilities and the fire equipment to ensure they were in safe working order. According to the records seen, the manager carried out regular fire drills. These were completed at different times of the day to ensure all staff were aware of what action to take during an emergency. We noted there were arrangements in place for routine maintenance and repairs and records were maintained of the work completed.

We saw the home was clean and hygienic. Staff hand washing facilities, such as liquid soap, paper towels and pedal operated waste bins had been provided to ensure staff could wash their hands before and after delivering care to help prevent the spread of infection. Staff were provided with appropriate protective clothing, such as gloves and aprons. We saw staff had access to an infection prevention and control policy and procedure and noted an infection control audit was carried out in the home at regular intervals.

Is the service effective?

Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person told us, "All the staff work together well and they help the new staff settle in" and another person said, "The staff are very knowledgeable. They do a good job."

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 with appropriate legal authority. 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 found the manager and staff had a clear understanding of their responsibilities under this legislation. Staff were able to give examples of how they supported people to make decisions and how they involved people in all aspects of their care. Staff also understood the need to ask people for consent before carrying out care and confirmed this was part of usual practice. For instance, one member of staff told us, "I always ask if people want any help and if it's okay for me to carry out any tasks for them." We noted the service had policies and procedures on the MCA and staff had received appropriate training.

The manager had ensured people's mental capacity to make decisions had been considered and recorded. At the time of the inspection, one person had an authorised DoLS in place. There was information and guidance for staff on the person's file about the authorisation and we noted a multi-disciplinary team had been consulted as part of the DoLS application.

Before a person started to use the service, the manager and the provider's representative undertook a thorough assessment to ensure their needs could be met. We looked at a completed assessment and noted it covered all aspects of the person's needs. People were supported and encouraged to visit the home prior to admission. This ensured people were able to sample life in the home before making the decision to move in.

We looked at how the provider trained and supported their staff. Staff spoken with showed a commitment to learning. They told us they were keen to increase their knowledge and improve their understanding, in order to provide the best quality of care for people as possible. New members of staff participated in a structured induction programme which included a period of shadowing experienced staff before they started to work as a full member of the team. This helped staff to learn and understand the expectations of

their role. The induction training included an initial orientation induction, familiarisation with the provider's policies and procedures, the provider's mandatory training and where appropriate the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. All new staff completed a probationary period of three months during which their work performance was reviewed at regular intervals.

There were established systems in place to ensure all existing staff received regular training, which included, safeguarding, medicine awareness, health and safety, fire safety, Mental Capacity Act 2005, data protection, equality and diversity, food hygiene and infection control. Staff also completed specialist training in line with people's needs, this included diabetes and mental health awareness. We looked at the staff training records during the inspection and noted there were arrangements in place to ensure staff completed their training in a timely way. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us the training was beneficial to their role.

Staff confirmed they were provided with regular supervision and they were well supported by the management team. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a range of topics had been discussed. Staff had also received an annual appraisal of their work performance.

We considered how the service used technology and equipment to enhance the delivery of effective care and support. In non-urgent medical situations staff had access to a tele-medicines system. This enabled staff to speak remotely with a healthcare professional at a hospital via a computer link. Further to this, the provider's representative explained she planned to extend the broadband provision in the home. This would enable people to access the internet throughout all areas of the building.

People were supported to maintain a balanced diet. We noted people's care plans and risk assessments gave staff guidance on how to support people with their nutrition and hydration needs. People were consulted on a daily basis about what they wished to eat. People were involved in the shopping and preparation of the food as appropriate. Daily diary records of the care provided included a section on food and fluid intake so people's diet could be readily monitored.

People had access to other health and social care professionals, and their care plans indicated the support people needed to stay healthy. Records confirmed people had access to a GP, dentist, chiroprapist and an optician and were supported to attend appointments when required. Since the last inspection, detailed physical and mental health well-being profiles had been added to each person's plan to provide staff with information about people's medical conditions.

The home had been adapted to suit people's needs. All people's rooms had an ensuite shower facility and doors were fitted with appropriate locks. This meant people's privacy was promoted and respected. Since the last inspection, an additional room had been created at the rear of the building and an enclosed walkway had been constructed from the main house. The person living in the room told us. "I absolutely love my new room. It has everything I want and need." The provider also provided a separate kitchen for people to use in order to develop their cooking skills.

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. For instance, one person said, "The staff are brilliant. They really care about me and what happens to me" and another person commented, "The staff are so good to me. They've helped me a lot and I feel a lot more confident. I have never been happier." We saw that staff interacted well with people in a warm and friendly manner and observed that people were comfortable in the presence of the staff who were supporting them. We observed that staff gave their full attention when people spoke to them and noted that people were listened to properly.

We found the service had a homely and welcoming atmosphere. Staff spoken with understood their role in providing people with compassionate care and support. For example, one member of staff told us, "This place is amazing. Staff go out of their way to help the residents, we are all here to make their life the best it can be." There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. We saw that people could express a preference on who they wished to be their keyworker and these choices were discussed at a residents' meeting held during the inspection.

The manager and staff were considerate of people's feelings and welfare. The staff we observed and spoke with knew people well. They understood the way people communicated and this helped them to meet people's individual needs. They also demonstrated a good knowledge and understanding of people's life histories, health conditions and the people and things that were important to them. Staff spoken with talked with warmth and affection about the people they were supporting.

People were involved in decisions about their care and their views were taken into account. People had signed their care plans and confirmed they had discussed their needs with staff. This told us people's comments were listened to and respected. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions. People were also encouraged to express their views as part of daily conversations, and meetings. The meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions.

We saw people were treated with respect and dignity. For example, staff addressed people with their preferred name and spoke in a kind and respectful way. They recognised people's diverse needs and equality and diversity issues were sensitively covered in people's care plan documentation. Most people spent planned one to one time with staff on a weekly basis. This enabled them to participate in activities and discuss any worries or concerns. Further to this, the manager explained that she intended to use one to one time more creatively to ensure all people had the opportunity to spend individual time with staff.

People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

People's right to privacy was respected and upheld. People spoken with confirmed they could spend time

alone in their rooms if they wished. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

Staff were committed to helping people to build their independence skills and to exercise as much control over their own lives as possible. In talking about their approach, a member of staff commented, "It's important to promote people's independence because it helps with their wellbeing and makes them feel valued."

Care staff understood the importance of promoting equality and diversity and respecting individual differences. The manager recognised the importance of appropriately supporting people on an individual basis and with reference to their gender, ethnicity and sexuality. Staff had completed equality and diversity training and had reference to appropriate policies and procedures. This helped to ensure all people had access to the same opportunities and the same, fair treatment.

Is the service responsive?

Our findings

People told us the staff listened to them, and gave them time to express their preferences about the way their care was delivered. One person told us, "They are there for us all and always have time for us. I've never been in such a good home. They are bothered about me as a person" and another person commented, "I feel I can speak out anytime and they will listen."

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We examined four people's care files and other associated documentation. We noted all people had an individual care plan, which was underpinned by a series of risk assessments. The care plans were split into sections according to specific areas of need and included a profile of people's physical and mental health needs to help staff to access information quickly. The plans were written in a person-centred way, enabling staff to respond effectively to each person's individual needs and preferences. We saw records to demonstrate the care plans were reviewed on a regular basis and were updated as necessary. Staff told us they referred to people's care plans on a regular basis and felt confident the information was accurate and up to date. For instance, one member of staff said, "The care plans are very thorough and contain all the information we need."

The provider had arrangements in place to ensure they responded promptly to people's changing needs. For example, we noted the staff had a handover meeting at the start and end of each shift. During the meeting, staff discussed people's well-being and any concerns they had. This approach ensured staff were kept well informed about the care of people living in the home. The staff spoken with confirmed there were systems in place to alert the manager of any changes in needs. We noted the manager was on call and worked flexibly alongside staff according to people's needs and appointments.

Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals was included in people's care plans. Staff also completed daily diary records of people's care which provided information about changing needs and any recurring difficulties. We noted the records were detailed and people's needs were described in respectful and sensitive terms.

At the time of the inspection, none of the people living in the home were receiving end of life care. However, we noted people had been consulted about their wishes and their preferences had been recorded in their care plan, as appropriate.

People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. People were encouraged to talk about what interested them and staff helped them develop an activity plan. We looked at people's activity plans and noted people participated in broad range of activities including bowling, walking, swimming, shopping and going out for meals. People were also given the opportunity to go away on holiday. One person told us how much they had enjoyed a recent cruise and another person had enjoyed a holiday in Cornwall.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from 1 November 2017. We saw care plans identified any requirements relating to disability or sensory loss and the manager confirmed all information was available in different font sizes and formats.

People were supported in maintaining important relationships with family and friends. There were no restrictions placed on visiting and people were supported and encouraged to visit their family and friends.

People said they felt confident talking to a member of staff or the manager if they had a concern or wished to raise a complaint. People spoken with told us any problems were resolved immediately. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed within the service. There was also a complaints procedure which was included in the residents' handbook and this had been discussed at a residents' meeting. The manager had not received any complaints about the service.

Is the service well-led?

Our findings

People spoken with made positive comments about the leadership and management of the home. One person told us, "The manager is lovely and does a very good job. I get on well with her" and another person commented, "The manager really listens. I can talk to her about anything that's worrying me."

Since the last inspection, the registered manager had left the home and a new manager had been appointed. The manager was in the final stages of the registration process to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager had responsibility for the day-to-day operation of the service and was visible and active within the service. People were seen to have a positive relationship with the manager. During the inspection, we spoke with the manager about the daily operation of the service. She was able to answer all our questions about the care provided to people showing that she had a good overview of people's needs and preferences.

The manager told us she was committed to the continual improvement of the service and described her priorities, which included further development of the care plans to ensure information was more accessible for people living in the home, expanding the scope of staff supervision to encompass specific roles and responsibilities and ensure there is a Wi-Fi connection throughout the building. The provider had also set out planned improvements for the service in the Provider Information Return. This showed there was a good understanding of the service and a desire to make improvements.

Discussions with staff and people showed there was an inclusive, open and transparent culture in the service. Staff spoken with said they were encouraged to speak about practice issues in team meetings and supervisions. Staff made positive comments about the management team and the way they managed the service. One staff member told us, "I can't fault the management. They are so supportive and go above what you would expect" and another member of staff said, "The management are so approachable and always happy to help. Everything runs very smoothly."

The manager used a range of systems to monitor the effectiveness and quality of the service provided. This included a series of audits of the health and safety arrangements, care plans, staff training and staff supervisions, and infection control. These checks were designed to ensure different aspects of the service were meeting the required standards. We noted the audits included action plans where any shortfalls had been identified and the actions were monitored and reviewed to ensure they were completed.

People were asked for feedback on the quality of the service. This was achieved by means of daily conversations, meetings and satisfaction surveys. We were invited to attend a residents' meeting during the inspection and noted all people were encouraged to participate and express their views on the service. The

last satisfaction questionnaire had been distributed in October 2018. We looked at a sample of the returned questionnaires and noted all people had indicated they were satisfied with the service. We saw that staff, relatives and professional staff involved in the service were also given the opportunity to complete a questionnaire. The manager explained she intended to collate all the responses and draw up an action plan to address any suggestion for improvement.

We saw there were organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the manager would take appropriate action.