

Priory Education Services Limited

Lawn House

Inspection report

4 Lawn Road
Southampton
Hampshire
SO17 2EY

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26 October 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

This unannounced inspection took place on 25 and 26 October 2018. One inspector carried out the inspection.

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

The service provides accommodation and personal care services to young people from 16 to 25 with learning disabilities, autistic spectrum disorder or mental health needs. At the time of inspection, there were five people living at the service.

The service had a registered manager in place at the time of our inspection. 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion to help ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service provided care and accommodation to children and young adults who were transitioning between educational and adult placements. People stayed at the service for a fixed term before moving onto a more permanent living or care setting. The provider demonstrated a firm commitment to work with people to assess and develop their independent skills in preparation for moving to adult based placements. The provider encouraged people to engage in planning, reviewing and monitoring their own needs, by reflecting on their behaviour and setting their own goals.

The registered manager had designed and implemented an 'independence programme'. This programme gave people practical steps to follow to build their life skills. The programme was structured to incorporate the essential tasks and skills required for independent living and as people worked through the programme, tasks became incrementally more complex as they become more secure in their knowledge and skill.

People were supported to be part of their community. People accessed educational or work based activities, they went to the shops, used public transport and leisure facilities as independently as possible. The provider had worked with people to identify risks associated with living independently in the community. Staff were caring and patient in their approach, which encouraged people to talk about their

problems or issues, meaning that staff could identify concerns and put plans in place to help keep people safe.

People could leave the home independently. They had agreements in place with staff which meant that if they did not come back when expected, staff would be aware. There were clear policies and procedures in place around this to help ensure people were safe. People were supported to follow hobbies which met their interest.

People were involved in developing their care plans and reviewing their care needs. There was a 'keyworker' system in place which helped to give people the opportunity to reflect on their behaviour, celebrate their achievements and give suggestions to the provider about how the service could be improved.

There were systems in place to help ensure people's complaints were dealt with appropriately.

People received personalised care which reflected their equality, diversity and human rights. Staff understood the need to gain appropriate consent to care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's health needs were assessed and they had access to healthcare services when required. People followed a diet in line with their preferences and dietary requirements.

The home was spacious and clean. There was a relaxed atmosphere at the home, where people could move around freely and they had access to outside space.

Staff were knowledgeable and caring in their role. They had received a range of training which helped to ensure they could meet people's needs. People were treated with dignity and respect and given privacy when they wished.

The registered manager had systems in place to monitor the quality and safety of the home. They had made improvements to the medicines management system after identifying some shortfalls in the recording of medicines administration.

The registered manager carried out assessments of people's needs to determine their suitability for a placement at Lawn House. People's needs were regularly reviewed and care plans were updated accordingly. Care plans were developed with people and other stakeholders relevant to their care. Care plans were detailed and helped guide staff in carrying out effective support and care.

There were enough staff in place to meet people's needs. The provider had safe recruitment processes in place to help ensure only suitable staff were employed.

The provider was not currently providing end of life care to anybody at 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 was safe.

There were policies in place to protect people from abuse and harm.

There were sufficient staff in place to meet people's needs. The provider followed safe recruitment procedures.

Risks to people were assessed and mitigated.

There were systems in place to reduce the risk of infections spreading.

There were systems in place to analyse incidents and accidents.

Is the service effective?

Good ●

The service was effective.

Staff received sufficient training relevant to their role.

The provider sought appropriate consent to care.

The support people required with their eating and drinking was identified in their care plans.

People had access to healthcare services as required.

The registered manager carried out assessments of people's need before care commenced.

The provider worked effectively with other organisations to promote people's health and wellbeing.

Is the service caring?

Good ●

The service is caring.

People were treated with dignity and respect.

People were involved in developing their care plans.

Staff were kind and dedicated.

Is the service responsive?

Good ●

The service is responsive.

People received personalised care, people were encouraged to develop their independent life skills.

There were policies in place to handle complaints and concerns.

The provider was not currently providing end of life care to anybody at the service.

Is the service well-led?

Good ●

The service was well led.

The registered manager was heavily involved in the day to day running of the service and understood people's needs.

The registered manager carried out audits to help assess the quality of care.

The registered manager understood their responsibilities to report important incidents to CQC.

The registered manager sought feedback from people to make improvements.

The provider worked with other stakeholders to promote good outcomes for people.

Lawn House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25 and 26 October 2018. One inspector carried out this unannounced inspection.

During the inspection, we spoke with two people. We also spoke with the registered manager and four members of staff. During the inspection, we also spoke to two healthcare professionals who gave us feedback from recent experience working with the provider.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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 looked at care plans and associated records for three people and records relating to the management of the service. These included two staff recruitment files, accidents and incident reports, and quality assurance records.

This was the first inspection of Lawn House.

Is the service safe?

Our findings

The registered manager had recognised there were previous shortfalls in the medicines management system and had taken steps to improve safety in this area. This was in relation to the management of controlled drugs. A controlled drug is a medicine whose manufacture, possession and use is regulated by the government under the Misuse of Drugs Act 1971 and its subsequent regulations. The records in relation to administration and stock control were not always completed accurately to reflect when people had taken these medicines with them when staying away from the service. This meant that there was the potential that some medicines were unaccounted for.

The registered manager had identified these shortfalls and had taken steps to address these issues to improve the management of medicines at the service. Where discrepancies in medicines recording had been identified, these had been thoroughly investigated to ensure all medicines were accounted for and people received medicines as prescribed. They had implemented staff training and ongoing monitoring of staff competency to help ensure staff understood the requirements when administering and recording medicines. The registered manager was also available outside of their working hours to offer additional support to staff around medicines management if they needed this. The registered manager completed daily audits of medicines in the home. This was in order to identify errors, near misses and where staff required additional support. These actions were effective in significantly reducing recording and administration errors in relation to medicines.

People were encouraged to develop skills in managing their medicines independently. The level of help people required to manage their medicines was documented in their care plans. This included the medicines people took and the times they were prescribed to take them. Where people wanted to take additional responsibility around their medicines, they agreed with staff how this could be best managed to ensure they were safe. People agreed realistic targets to measure how much progress they made in relation to developing these skills. In one example, one person set themselves a target of measuring over a set period how many times they took their medicines without staff prompting. This helped gradually build their independent skills in this area whilst helping to ensure they were safe.

People were safeguarded against the risk of harm and abuse. The provider had a safeguarding policy which was written in line with the local authority's safeguarding policy. Staff were aware of the steps needed to keep people safe and were confident in applying the principles of this policy when concerns arose.

The registered manager had completed a 'location risk assessment' which detailed all external factors in people's environment which could potentially cause harm. This included detailed assessments of the local area in relation to risk factors such as, drug use, crime and exploitation which people could be vulnerable too. The registered manager had worked with police, social workers and community associations to develop this plan. Where risks were identified, staff worked with people to give them information and support to recognise and mitigate risks to help keep them safe. This came in the form of providing information, meeting with people to discuss risks and forming relationships with people so they were comfortable

disclosing to staff when they had concerns. When concerns arose, the provider had ensured they had made the appropriate referrals to local safeguarding teams to put plans in place to minimise the risk of harm to people.

There were enough suitably skilled and qualified staff to meet people's needs. The registered manager arranged staffing levels in accordance with people's needs. The provider had sufficient staff available to ensure that people were supported by staff familiar to them who they were comfortable with.

People were protected from individual risks in a supportive way, which promoted their safety. People's care plans contained detailed guidance around communication and behavioural support. Staff told us this detailed the strategy to support people to manage their anxieties and provided guidance for them to de-escalate situations and reduce risk further. This support included verbal reassurance and support. One person had a risk assessment in place around escalating behaviour. It detailed the triggers for behaviour and how the person presented when they were beginning to become anxious. The risk assessment detailed how staff should approach the person to help reduce anxieties and the steps needed to keep people safe in the event the person became verbally or physically aggressive. This plan was effective as staff understood the steps needed to keep people safe.

The provider had safe recruitment procedures in place to help ensure only suitable staff worked with people. The provider completed a series of background checks on new candidates to establish whether they had suitable skills and experience to carry out their role. These checks included a record of employment history and references from former employers to help assess working competence and behaviours. Staff also had a check with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

There were systems in place to protect people from the risk of infections spreading. The provider had policies in place to identify appropriate actions in the event of an outbreak of an infection. Staff had received training in infection control, which taught them practical ways in which they could prevent the spread of infections. The registered manager had recently implemented improvements to the procedures around labelling of food in fridges. This helped to minimise the risk of any cross contamination and was good practice in infection control.

There were systems in place to reflect on incidents and accidents. Staff recorded all incidents and accidents and submitted reports to the registered manager. The registered manager collated this information, looking at trends, triggers and ways to reduce reoccurrence. Where people had incidents in relation to their behaviour, staff would have a 'debrief session' with them to help them reflect on incidents to ensure they could recognise triggers for behaviour should a similar event arise. This approach helped people de-escalate their anxieties before they got to the stage where incidents occurred.

Staff carried out regular fire drills at the home so people were accustomed to the action required in the event of a real fire. Each person had an emergency evacuation plan, which provided an assessment of the safest way to support that person to leave the building in the event of a fire. This meant that staff and people understood evacuation procedures if an emergency situation arose.

Is the service effective?

Our findings

Staff possessed the skills and knowledge to provide effective care. Staff had received training in line with the Care Certificate. The Care Certificate is a nationally recognised set of competencies for staff working in care settings. Staff received regular training updates to help ensure their knowledge was following current best practice.

The registered manager monitored staff's ongoing skills and performance through observation of their working practice, formal supervision meetings and staff meetings. This helped the registered manager identify when staff required additional training or support. Where areas for staff development were identified, the registered manager put in place plans to monitor how improvements were made and embedded. Staff were encouraged to obtain additional qualifications in health and social care. This helped to build their skills and knowledge about their role.

The provider promoted supportive practice that avoided the need for physical restraint. Staff received training specific to the needs of the people they supported around the management of escalating behaviours and effective communication strategies. This training helped staff learn skills to recognise the triggers to people's behaviour and work proactively to put strategies in place to avoid behaviour escalating and putting themselves or others at risk. Where the need for physical restraint was identified as necessary to help keep people safe, very clear plans and protocols were in place around its use. These protocols clearly identified when these interventions should be used and the steps staff needed to take after a restraint to safeguard people's health and wellbeing. We found that incidents where physical restraint was required had been minimised through staff working with people to de-escalate their behaviours. Where incidents requiring physical restraint took place, the provider ensured these were appropriately reported to health and social care professionals.

People's needs were assessed to ensure that they received appropriate levels of care. The registered manager regularly met with people and families to review if the care provided met their needs. They also used information from reviews and assessments from health and social care professionals to formulate appropriate care plans. When people's needs changed, the registered manager ensured that people's care plans were adjusted accordingly to ensure they received the care they required.

People had access to healthcare services as required. Each person had a 'healthcare file'. This contained comprehensive details about people health needs and the ongoing input from professionals to maintain their wellbeing. People were encouraged to register and attend regular appointments with healthcare services such as doctors, opticians and dentists which helped to monitor and maintain their health. All records of health appointments were stored in people's care records, with dates for upcoming appointments with doctors and dentists clearly marked to act as a reminder to staff.

The provider worked with other professionals across different organisations to provide effective care. The registered manager made referrals to appropriate health professionals when their input was required. Some people had ongoing input from doctors and health professionals. Where healthcare professionals made

recommendations, these were incorporated into people's care plans.

People followed a diet in line with their preferences and dietary requirements. Each person had their own personal budget for food shopping. Some people could plan a menu and shop with minimal assistance, whilst other people required encouragement and support from staff to carry out these tasks. People prepared their meals with varying degrees of support from staff, but everyone could eat independently. Some people required encouragement to eat regularly to maintain a healthy diet. Staff would monitor how often they ate and give them reminders and encouragement when they were reluctant or unmotivated to cook or eat. Staff supported people to follow a diet in line with their cultural or religious beliefs. In one example, the provider made arrangements around food storage which helped ensure a person's food was not stored near other food which was prohibited according to their beliefs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under The Mental Capacity Act 2005 (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards. There was nobody at the service who met the threshold to be placed under these safeguards. However, the registered manager was fully aware of their responsibilities in this area and the procedures to follow if these circumstances changed.

Staff understood that people required appropriate consent to care. Where people could consent to their care, staff took time to go through care plans with people to ensure they understood what they were consenting to and that they had a choice. Where some people required support to consent to decisions about their care, the provider ensured that these people could have guidance from advocates, parents or legal guardians. These actions were in line with the MCA.

The environment was suitable for people's needs. The home was spacious and people had plenty of different communal or private spaces they could use throughout the day. There was free access to the garden, which people were helping to maintain and develop. People could have a say into the decoration of the home environment. Through people's feedback, the provider had taken signs off bedroom doors and in communal areas. This helped to give the service a homelier feel. Two people were planning to paint a mural in the back garden.

Is the service caring?

Our findings

People's privacy was respected by staff. People could move freely around the home and were given private time if they wished. Staff told us people's bedrooms were their private spaces and they only entered with people's permission, after knocking on the door. The provider had a policy in place around entering people's rooms without their permission. The policy detailed how this would only be done if the provider or staff had legitimate concerns about the persons safety or security. This demonstrated that the provider respected people's privacy.

People were treated with dignity and respect. Staff spoke to people in a friendly and respectful way. They were patient in listening to people's point of view when discussing issues and encouraged people to make their own decisions based on informed information about a topic.

The provider demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics, such as, age or disability. There were policies to ensure people's specific care needs were considered and staff's knowledge was further bolstered by training in equality and diversity. The registered manager had a good knowledge of promoting equality and diversity and had incorporated these considerations into their assessment processes. One person was supported to access their place of worship. Another person was supported to follow a diet which was in line with their cultural and spiritual beliefs. This demonstrated that the provider understood how to provide individualised support in line with people diverse needs.

Staff were knowledgeable about people's needs and caring in their approach. Staff could tell us about people's background, details of their placement at the service and their future aspirations and goals. Staff were committed to helping people build their skills and encouraged people to learn skills for themselves as opposed to just doing things for people. Staff understood that by creating an environment with clear boundaries, people felt safe and knew what the expectations were around their behaviour and attitudes. This helped staff gain people's respect and trust.

Staff showed respect and concern for people's wellbeing. Each person had an allocated 'keyworker'. The role of the 'keyworker' was to act as a point of reference for people to share their views, concerns and aspirations. Keyworkers regularly met with people to discuss their worries, concerns and goals. Meetings were used to help people reflect upon behaviour after incidents or near misses. In one recent meeting, issues around exploitation were discussed after concerns were raised about a potential safeguarding issue. Staff were approachable and open to people when they came to them with concerns. They were patient and non-judgemental in their approach which helped gain the trust of people. People were encouraged to reflect about issues and formulate ideas and solutions when issues occurred. This reflected that their independence and wellbeing were respected.

People were involved in planning and reviewing their care needs. People regularly met with staff to review

their care plan, identify new goals and reflect on past achievements. Before coming to the home, staff sat down with people to complete an assessment of their daily living skills. This assessment helped to identify areas where people were confident and goals to work towards and develop. As people had the opportunity to identify their own strengths and weaknesses, they could plan activities around the development of their skills.

People could be as independent as they wanted to be. They could leave the home freely to attend day activities or educational placements. People had agreements with staff to inform them of their whereabouts and expected time home. The provider had policies in place which set out the action to take if people did not come home at the agreed times. This helped to ensure there was a contingency in place if people did not come home as planned.

Is the service responsive?

Our findings

People received personalised support which reflected their needs. Each person had a 'behavioural support plan' in place. This plan identified known triggers to people's behaviours and the actions staff needed to take to help them remain calm. Each plan was detailed and contained strategies which were tailored to the individual. We saw during the inspection how a member of staff used techniques documented in the person's care plan when they were becoming anxious about an event. The member of staff was calm, encouraging and deescalated the person's anxieties.

There were clear plans in place to promote effective communication with people. Although people could communicate verbally, some people had impairments which affected their understanding and the time needed to process the information. For example, staff presented information to one person in 'smaller chunks', to enable them to process it better. Staff would often revisit subjects and conversations later to help reinforce the person's understanding.

People were encouraged to develop their independent living skills. The registered manager had designed and implemented an 'independence programme.' This was a structured programme which people followed to build their everyday living skills. The programme comprised of four distinct levels, each level had a set of competencies against which people could measure their own skills and abilities. These competencies became incrementally more complex so people could gradually build and consolidate their skills in specific areas. People were asked to demonstrate how they had used acquired skills such as, making meals independently or opening a bank account. Once they had cemented these skills, they were able to move onto the next part of the programme. One person said, "Yeah, it's pretty good as it helps me to become more independent." The registered manager told us how assessments from this programme helped to identify suitable ongoing accommodation and care placements for people. This was due to there being a current record of the person's skills and abilities available so a care and accommodation package could be built around this.

People were encouraged to pursue education and work based placements. Each person attended a form of education. This ranged from construction courses to animal management. The provider had a 'Skills Centre' which partnered with local businesses to provide training opportunities for people. The provider worked with people to design bespoke educational courses. The aim of this was to sustain their interest and maximise the benefits to people's long-term job prospects. Some people had regular jobs which they attended. They required little staff support to maintain this employment.

People were encouraged to plan and attend activities independently. People required encouragement and practical advice from staff when resourcing activities. Sometimes they would need directions or bus routes to activities they planned, on other occasions, they asked staff for practical advice about equipment needed or the cost of activities. Staff told us they encouraged people to utilise public transport instead of relying on staff cars. One member of staff said, "We always encourage them to use public transport. It is good for them to become self-sufficient and learn these skills."

There was a complaints policy in place and people had the opportunity to make a complaint. People were given a copy of the provider's complaints policy when they first came to the home. Staff used 'keyworker meetings' to encourage people to raise any issues they had. The registered manager also had installed a drop box where people could raise complaints or issues anonymously if they were not comfortable doing so in person. The registered manager took all complaints seriously and reported concerns to the provider's senior management. All complaints were thoroughly investigated and people were written too with the outcome of the complaints made. This demonstrated that the provider had an effective complaints policy in place.

The provider was not currently providing end of life support to people at the service. The registered manager told us they would make provision for such a circumstance if the situation arose.

Is the service well-led?

Our findings

There was a registered manager in place. 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 registered manager had a clear vision of how to promote the provider's culture and ethos. The provider's website describes the service Lawn House offers, "We are able to provide young people with a realistic and real-time experience of living independently within a city environment. The people we support will also further learn how to manage within an area which can provide diverse challenges and experiences that are found within city populations." The registered manager told us, "The service is a bridging service that provides a pathway for young people to transition between children's and adult services. We aim to enrich people with the independent skills needed to live successful and well-adjusted lives in their local community."

The registered manager embodied this ethos through carefully considering people's suitability for the service. When the registered manager was given referrals for potential new people, they comprehensively assessed whether the service was a suitable environment to meet their needs. They also considered the impact the new admission would have on existing people living at Lawn House. This helped to ensure that the service was suitable for people living there.

The registered manager had developed an 'Independence programme', which people could use to assess, develop and monitor their daily living skills. The registered manager was developing the programme to enable people to self-assess their progress and set realistic goals for their own development. The registered manager said, "Using this programme can help determine when people are ready to move onto different care placements and when people need more support in a particular area." This demonstrated that the registered manager was committed to developing people's independence in line with the provider's values and ethos.

The registered manager was involved in the day to day running of the service. They regularly worked with people and mentored staff to promote best practice. The registered manager had a good rapport with people and was consistent, caring and approachable. They had extensive knowledge of people's needs and understood the key challenges in supporting young adults within the community.

There was a clear management structure in place. The deputy manager supported the registered manager in their role and carried out some of the audits and staff supervision. There were senior staff at the service, whose role was to oversee the care staff during their working day. There was an 'on call' system in place where managers from the provider's services were available to people and staff in the absence of the registered manager at the home. This helped to ensure there was always a management presence available to offer support and advice.

The provider had a senior management structure in place, which had regular oversight of the running of the service. The registered manager submitted a weekly report to the senior manager. This report detailed key information about the running of the service. The information included details around, incidents, recruitment, safeguarding and medicines management. The senior manager also regularly visited the service to carry out audits of the quality and safety of the service. This helped to ensure the provider had input into how the service was running.

The registered manager carried out audits to check the quality and safety of the service. These audits included, health and safety, medicines, checks of maintenance issues and emergency equipment. The registered manager's audits had been effective in identifying issues with medicines management. They had increased the frequency of their audits in response to the shortfalls identified. This action helped them pick up errors quickly to minimise the impact to people.

The registered manager was committed to their role and kept themselves updated with latest guidance and legislation through a combination of local provider's groups and updates from professional bodies. They made all relevant information available for staff to help ensure they were following best practice.

The registered manager was focussed on making key improvements at the service. They held regular staff meetings to review staff's performance and gain feedback about where improvements could be made. The registered manager had spoken with staff at meetings to introduce more effective systems to manage people's medicines. This had been effective in improving the quality of the recording of medicines administration.

Providers are required by law to submit notifications to CQC to inform us when important events or serious incidents took place at the service. The registered manager fully understood their responsibilities in this area and had submitted the relevant notifications to CQC as required. The provider had a whistleblowing policy in place. A whistleblowing policy details external organisations staff can raise concerns too if feel they are not able to raise them with the provider. Staff understood their responsibilities in reporting concerns and were confident in following the whistleblowing policy if required. The registered manager displayed key reference information in their office about safeguarding and whistleblowing. This helped ensure that staff were aware of the specific procedures to follow if they had concerns.

The registered manager used people's feedback to make changes and improvements. People had the opportunity to feedback individually at their 'keyworker' meetings. These meetings helped to initiate changes to people's activities and helped people feedback to staff about what they felt was going well and what needed improving. In one example, one person fed back that they wished to become more independent with their medicines. They formulated a plan with staff to increase the person's responsibilities around their medicines whilst agreeing with staff checks to help ensure they were safe. This demonstrated that the provider was open to acting upon people's feedback.

The registered manager demonstrated a willingness to work with other stakeholders to provide positive outcomes for people. They had worked with the local community and police to assess the risks to people living in the community. Measures had been put in place to help ensure people could integrate safely within their community. Where people had ongoing input from doctors, social workers and other health professionals, the provider ensured that they worked in partnership with them to follow through their recommendations and advice.

