

Blue Sky Care Limited

Lawrence Mews

Inspection report

132 Church Street
Eastwood
Nottingham
Nottinghamshire
NG16 3HT

Tel: 01773760849
Website: www.blueskycare.org

Date of inspection visit:
13 February 2020

Date of publication:
20 April 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lawrence Mews is a residential care home which can provide personal care for up to five people. The service specialises in supporting people who have a learning disability, are on the autistic spectrum, or have mental health support needs.

The care home comprises of two adjacent buildings with separate facilities. One building accommodates two people and the other building accommodates three people. 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 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 using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were not always protected from the risk of potential health infections, and there were lapses in good food hygiene practices by staff. Some parts of the care home could not be effectively cleaned because of deteriorated paintwork and surface damage. Maintenance issues were not always well managed. However, staff understood how to protect people from potential abuse and people's prescribed medicines were well managed.

The provider's quality monitoring and governance processes were not always effective. The impact of this was seen in the way some maintenance and environmental safety issues had not been identified by the provider until we inspected. The registered manager supported people to achieve good care outcomes and understood their responsibility to notify relevant authorities when incidents occurred. The service had a positive relationship with specialist health care agencies who were involved in supporting people at the care home.

Although people lived in a care home that needed internal redecoration in some areas, they liked where they lived and had personalised their bedrooms. Staff understood and met people's care needs; and received the necessary training to work effectively. Staff felt well supported by the registered manager and provider. People enjoyed the food provided and were supported to manage their diet. Staff worked in partnership with other agencies to meet people's needs and ensured people's rights and choices were respected.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure people, who use the service, can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were supported by staff who were kind and compassionate. People were involved in deciding how their care was provided; and staff supported people, who were nonverbal, to express their views by observing their body language. People's privacy and dignity was respected.

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's care plans were comprehensive and guided staff on how to support them. People's communication needs were understood. People were supported to establish, and maintain, relationships with family and friends. When concerns were received, the registered manager responded positively and acted to resolve issues.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Outstanding (published 2 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the assessment and prevention of the potential spread of health infections, and the cleanliness of some parts of the care home, at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive 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 ●

Lawrence Mews

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

The inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

The inspection visit on 13 February 2020 was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we wanted to give the registered manager time to ensure the people living there knew in advance who would be visiting their home.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used all of this information to plan our 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.

During the inspection

We spoke with one person, who used the service, and observed interactions between the other people and the staff who were supporting them. We spoke with six members of staff including the registered manager, team leaders, care worker, maintenance worker and the provider's head of care; who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed two people's care records and people's medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies, procedures and risk assessments. The registered manager sent us updates about work carried out immediately following the inspection. We contacted the local Borough Council environmental health team and shared our observations with them; in respect of potential food safety issues at Lawrence Mews. We obtained feedback from a healthcare professional, and a person's relative, about their experience of the service.

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.

Preventing and controlling infection

- People were not always protected from the risk of infection. Some rooms had black mould present on the walls, and one of those rooms was used regularly by a person. The provider's actions had not been effective at removing the mould. Black mould can sometimes affect the health of people who have existing medical conditions.
- People's potential risk from Legionella infection was not well managed. Legionella infection is a form of respiratory disease. An appropriate Legionella risk assessment, specific to Lawrence Mews, was not in place; and the necessary safety precautions were not always carried out.
- There were lapses in good food hygiene practice. For example, prepared food was carried, by staff, from the kitchen, through the laundry room, to the outside of the building, and then into the conservatory/dining room. This exposed people's food to the risk of cross contamination by passing through an area where soiled laundry may be present.
- Infection control training was not consistently put into practice. All staff had completed infection control and food hygiene awareness training. However, staff sometimes prepared food without washing their hands; and not all toilets contained soap, and a means of drying hands, necessary for people to wash their hands effectively. This did not help protect people, and care staff, from potential health infection.
- People's medical equipment was not always stored safely. Some medicine administration equipment was exposed to potential contamination. This was raised with the registered manager who arranged for the equipment to be stored in a more hygienic way.
- Some areas of the care home had not been effectively cleaned. We found areas which could not be effectively cleaned due to deteriorated paintwork or surface damage.

We found no evidence that people had been harmed; however, the provider had not taken the necessary preventative action to assess the risks and protect people from the potential spread of infections. This placed people at increased risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed a Legionella risk assessment of Lawrence Mews would be completed by a suitably qualified person; and all necessary Legionella safety precautions would be implemented.

Assessing risk, safety monitoring and management

- Environmental safety concerns were not always identified and, where the provider had identified a potential hazard, it was not always addressed. For example, a safety handrail was not securely attached to a

wall and a person's toilet seat was broken.

- Fire safety issues were not always identified by the provider. Two fire doors had partially missing intumescent strips. Intumescent strips seal around the edges of a fire door in the event of a fire. This was raised with the registered manager who immediately arranged to have the strips refitted.
- People's individual risks were assessed well. The registered manager anticipated the risks faced by each person. Care staff understood their role in assessing people's individual risks, recognised when risk changed, and revised care plans accordingly.
- People were supported by staff who knew what to do in an emergency. Staff had received fire safety training, so people could be supported to exit the care home safely in an emergency.

Staffing and recruitment

- Staff were recruited safely. Staff pre-employment checks had been carried out. However, not all staff records included a full work history. The registered manager told us they would update those records. The provider's recruitment procedures helped to ensure staff were suitable to work with vulnerable people.
- There were enough staff employed to support the five people who lived at the care home.
- People were supported by care staff who had the right mix of skills to meet their needs. There was a consistent staff team, so people were supported by staff they knew well and trusted.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person told us, "It's safe here. The staff are okay with me."
- People were protected from abuse. The service had effective safeguarding systems, policies and procedures in place. The registered manager understood their responsibilities for managing safeguarding concerns promptly, including reporting safeguarding issues to relevant authorities.
- Staff understood how to protect people from abuse. Staff had received safeguarding training, were aware of safeguarding procedures, and knew how to use them.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed; and the provider had safe medicine procedures in place.
- Staff administered medicines safely. Care staff were trained in how to administer people's prescribed medicines, when people required them. Their competence was assessed, and periodically reassessed, before they were able to give prescribed medicines to people.
- Medicines audits were carried out by the provider. This helped to ensure medicines management was safe and the likelihood for error reduced.

Learning lessons when things go wrong

- Lessons were learned from incidents. The registered manager reviewed incidents to identify themes. These reviews were shared with care staff, and partner organisations. A healthcare professional told us, "The staff are very thorough when they provide us with information."

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.

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

- There were areas of the care home which required repairs and redecoration to maintain a homely feel. A health care professional told us, "The building is not the most modern establishment and could perhaps benefit from a bit of TLC in some parts, which are looking a bit run down." The registered manager told us plans were in place to address those issues.
- People were involved in decisions about the environment they lived in. For example, staff took a person to a retailer to view furniture; and observed their body language when they sat in different chairs. The provider was then able to ensure the new chair was one the person liked.
- The care home had facilities people enjoyed using. A safe garden area was used by people when they wanted to spend time outside. A person told us, "We have barbeques in the summer, but only when it is really sunny!"
- Bedrooms were personalised. A person told us, "I like my room. I've got it how I like it". People were enabled to express their creativity by deciding how they wanted their bedroom decorated.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received support which met their needs. Care staff delivered support in line with best practice guidance received from external agencies. The registered manager monitored the effectiveness of the support and ensured the care team took a consistent approach.
- Comprehensive assessments were in place. Assessments informed people's care plans which provided guidance for care staff to follow. When care plans changed, arrangements were in place to ensure all staff read and understood the revised plans.

Staff support: induction, training, skills and experience

- Staff received the necessary training. A staff member told us, "I think I've had all the training I need. I was also able to do some extra online training to learn about epilepsy." The provider had a training plan to ensure staff were kept up to date with training.
- Staff used their training to meet people's care needs. We observed care staff using their training and skills to support people effectively and sensitively.
- Staff were supported. A staff member told us, "Since I started, I've had support from the team leaders as well as [registered manager]. They've helped me to learn how to do things." Team meetings and supervision meetings were regularly held.
- Staff competences were checked. Observations were carried out by the registered manager, and provider, to ensure staff continued to provide safe and effective support for people.

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

- People were supported to manage their weight. The provider had appropriate systems in place to monitor people's diet and weight. For example, some people had been supported to increase to a healthy weight, and others were being supported to gradually reduce weight.
- People's dietary needs were met. Staff noted the different foods people tried, and whether they had appeared to enjoy it. That was important for people who were nonverbal, or unable to express their food choices clearly, and meant staff understood people's food preferences.
- People enjoyed the food that was provided. People were offered a variety of food and drink and alternatives were readily available if they preferred something else.
- People were also occasionally supported to go out for meals in the local community. That increased the variety of food and drink options available to them.

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

- Staff worked with other services to understand and meet people's needs. For example, following an incident, staff worked with specialist healthcare teams to understand the person's behaviour and put in place measures to ensure they received effective support.

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

- People experienced positive wellbeing outcomes. Staff supported people to become healthier. For example, staff picked up on behavioural cues from a person, who was mainly nonverbal, which indicated they wanted to go out for a walk. That helped increase their physical activity.
- Staff advocated for people in their relationships with healthcare services. For example, the provider had identified information about two people's risk of potentially inherited medical conditions; which was then shared with their GPs and informed each person's health care plan.
- Staff supported people with oral healthcare. A staff member told us they had not received any specific training, but routinely supported people's oral health as part of providing personal care. Support to maintain oral health is important because of the potential effect on people's general health, wellbeing and dignity.

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.

- Staff understood the MCA. Appropriate referrals to the local authority DoLS team had been made. Care staff received training and worked within the principles of the MCA.
- People were supported to have choice and control over their lives. A staff member told us, "We know them really well, so we pick up on cues. We try to implement what the person wants, whether food, clothing or activities."

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 Outstanding. At this inspection this key question has now changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The care provided was person centred. A relative told us, "They have fantastic staff. I know they are looking after [person]." Staff were compassionate and kind towards the people they cared for. They supported people, and spoke about them, in a positive way.
- Staff were proud of people's achievements. People were supported to share their success stories in the provider's staff magazine. Staff spoke knowledgeably about the progress people had made since moving into the care home; and recognised the barriers people had overcome.
- People's equality and diversity support needs were met. The registered manager assessed those needs and ensured they were considered when planning people's support.

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

- People were involved in deciding who cared for them. A person told us, "I'm involved in choosing new staff. I ask them my questions and then talk with [registered manager] about who should get the job." That had boosted the person's self-confidence, and helped make it clear, to new staff, that decisions made by the people they support were valued by the provider.
- People were supported to communicate their views. Staff used a variety of techniques to understand the communication style of each person. For example, observing people's nonverbal communication and learning to understand people's unique version of sign language.
- Staff supported people's decisions. For example, when a person expressed a different view to that of their family, the staff had tried to help all involved to understand the decision from the person's perspective. The staff had also sought external help when necessary, for example, from health care professionals.

Respecting and promoting people's privacy, dignity and independence

- People's independence was supported. A person told us they were developing their skills with staff help. They told us, "I like going shopping. The staff come with me and I buy a few things"
- People's dignity and privacy was maintained. A staff member told us, "I'm [person's] keyworker, so I go out shopping with them. I plan the trips so I know where toilets are so we can get to it quickly if they suddenly need it. We also make sure people's clothes are appropriate for wherever we are going."

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 Outstanding. At this inspection this key question has changed to Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans contained personalised information. They covered areas such as personal care, health action plans, nutritional needs and activities. Care staff knew how to meet people's care needs.
- People's life histories were valued. The provider had worked with the local care authority to research the life histories of two people who lived at the care home. Previously lost family links were re-established, and information found which was used to inform people's care plans.
- People were involved in planning their care. For example, where people had communication difficulties, staff used observation logs to determine a person's preferences. Care plans were reviewed and amended to reflect people's changing needs and preferences.
- People were offered opportunities to try new experiences and develop new skills. For example, a person had been supported by staff to start going to a swimming pool and taking walks in the local area. That was a significant achievement for that person, and their willingness to try new experiences reflected the confidence they had developed in their care staff.
- People received care and support which met their individual needs. We saw people attended various activities they had chosen.

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 were supported to communicate their feelings. For example, staff supported people to use emoticon cards. Emoticons are pictorial representations of facial expressions, such as a smile or a frown, which people used to indicate their feelings. That helped people express complex emotions without becoming anxious.
- People's communication needs were identified and met. Details were recorded in people's care plans. Staff took the time to explain things verbally to people, so they could understand.

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

- People's relationships with relatives were supported. Some people found contact with relatives difficult, and staff supported the relationship to remain positive. This involved liaising with the family, and external agencies. Supporting people to maintain positive contact with their relatives is important and helps prevent social isolation.

- People were supported to develop new links with relatives. For example, the provider had established contact with two people's next of kin. That was the first contact for many years, and the provider sensitively supported that process.
- People were supported to establish friendships. Staff had recognised a potential friendship opportunity for a person and supported the relationship. That meant the person widened their social network and that had a positive impact on them.
- People were supported to establish links in the community. For example, a person had been supported to attend a local health related community group. They had developed a circle of friends and acquaintances there.
- Meaningful leisure activities were provided. For example, the provider supported people to go on holiday with close relatives they had not spent time with since their childhood. The holiday helped to re-establish important family links and demonstrated the provider's commitment to providing socially relevant activities to individuals.
- People were supported to access activities in the community. This included trips to local events, shopping, meals out and leisure activities. This enabled people to begin widening their network of social activities.

Improving care quality in response to complaints or concerns

- People understood how to complain. A person told us, "I'll tell the staff if I am not happy about something." An easy read version of the provider's complaint policy was on display.
- Concerns were recognised and acted on positively. For example, a relative raised a minor concern which staff responded to swiftly. Information from the concern had been used to inform a person's care plan so other staff would be aware, and a consistent approach maintained.
- There was a complaint procedure in place, which staff understood. The provider had received no formal complaints about the service since the previous inspection.

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 Outstanding. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders, and the provider's governance systems, did not always support the delivery of high-quality, person-centred care.

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

- The provider's quality assurance governance was not always effective. Risks were not always identified or managed. For example, the provider's governance processes had not identified the safety issues we found during the inspection. Following the inspection, the nominated individual told us they had reviewed, and changed, aspects of their risk assessment processes.
- The provider's management of maintenance issues was not effective. The provider lacked oversight of maintenance issues. For example, not all maintenance issues had been recorded in the maintenance logbook or actioned, and details of action taken to rectify faults was not always recorded.
- Staff understood their roles. All the staff we spoke with understood their roles within the service.

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

- People achieved good outcomes. The registered manager led a service which improved people's physical health and/or opportunities. That positive culture was well embedded within the service.
- Staff understood what they needed to do. The registered manager, and all the staff we spoke with and observed, told us they were committed to providing person centred, high quality care.
- The registered manager provided supportive leadership. Staff told us the registered manager was approachable and they felt supported by them. An external healthcare professional told us, "[Registered manager] seems to run a good service and has the respect of the staff. We are impressed with the service they provide to [person]."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour responsibility by contacting relatives, after incidents involving family members occurred. This ensured relatives were notified of the incident and made aware of the causes and outcome.
- Statutory notification requirements were understood. The registered manager ensured the necessary notifications had been made, and understood their responsibility for reporting incidents, injuries and other matters that affected the people using the service. Notifying the CQC of these events is important so we are kept informed and can check appropriate action had been taken.

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

- People were asked for feedback on the service. The registered manager sent out care satisfaction surveys to people's families and staff. Information from the surveys was then acted on to improve the service where necessary.
- Equality and diversity support needs were met. People's equality and diversity characteristics were identified during the initial assessment process and recorded in each person's care plan. This was available to guide care staff and was supported by the provider's equality and diversity policy; and staff training.

Continuous learning and improving care

- Lessons were learned from incidents. The registered manager understood the importance of learning lessons, by reviewing issues and linking with external professionals, to ensure people received the care they required.
- Learning was put into practice. For example, the provider had researched the personal histories of the people they supported and used that information to shape the care people received.

Working in partnership with others

- The service worked in partnership with other agencies. The registered manager and care staff worked with other professionals, such as GPs and community health services to ensure people received the care they needed. A healthcare professional told us, "Staff are very receptive to advice and support, and they apply that advice into practice with people."
- The registered manager worked in partnership with people and their relatives, through regular communication, to ensure people's views about the care being provided was listened to.

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 The provider failed to take the necessary preventative action to assess the risks, and protect people, from the potential spread of infections. This placed people at increased risk of harm. This was a breach of regulation 12(2)(h) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.