

# Together for Mental Wellbeing

## Lawn Court

### Inspection report

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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 inspection took place on 16 and 17 January 2017. It was unannounced. Lawn Court is registered for 17 people and there were 17 people living there when we visited. People cared for were adults who were living with past or present mental health needs, some of whom were also living with substance abuse difficulties, autistic spectrum disorder and other needs, for example epilepsy or diabetes. People lived at Lawn Court for varying periods of time, depending on their individual needs, and then moved on to more independent living.

Lawn Court is situated in a row of town houses which had been recently converted and upgraded. It is close to the centre of Bexhill on Sea.

Lawn Court had a 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 provider is Together Working for Wellbeing, who provide a range of similar services nationally.

This was Lawn Court's first inspection. Before this, the provider had run a service from a different building, which was close by. The provider had undertaken extensive building works to ensure Lawn Court provided a suitable environment for people. Some of the people and most of the staff moved from the old building to Lawn Court when it was newly registered.

The ethos of the home was to support people in becoming as independent as they wished to be. People said this was happening for them in the way they wanted. People's privacy was respected in their daily lives. Where people needed personal care, this was provided in a dignified and respectful way. Staff showed empathy towards people when planning with them how they wanted to live their lives.

People were supported in their day to day lives at Lawn Court and if they wished, with external training programmes, working, volunteering and being part of the local community. People's contact with their families and friendship groups was supported. People were fully involved in drawing up and developing their own care plans. They also knew how to raise issues of concern to themselves and were confident action would be taken if they raised issues.

People received effective support because of the wide ranging training programme for staff. These included mandatory areas like health and safety. They also included areas relating to people's individual needs, for example supporting people who are living with substance abuse issues and people who are living with Autism. Staff received full support and supervision for their roles. Staff supervision was flexible for them, depending on their individual needs.

All staff were aware of people's vulnerability and risk of abuse. Staff promptly took action to ensure people's

safety, if they identified they were at risk of abuse. People had risk assessments, which they were involved with drawing up, to ensure their safety, and also to support them in making decisions about how they wanted to live their life.

There were safe systems to support all of the people at Lawn Court in taking their medicines. People were supported in becoming independent with taking their own medicines. People were also supported in becoming independent with managing their own diets. People commented positively about the food and drinks provided. Staff were keen to support people in the principles of healthy eating. Where people had additional health and treatment needs, they were supported in being as independent as possible. If people's health changed, staff ensured prompt support was requested.

Some people were subject to requirements under the Mental Health Act 1983 (MHA). Where this was the case, they had clear records about any restrictions placed on them. Staff supported people in ensuring they understood their rights and responsibilities under any such restrictions.

Staff spoke positively about the culture at Lawn Court. They said the registered manager was open to ideas and suggestions and they could always raise issues if they needed to. The provider regularly audited the quality of the service. Where issues were identified, for example about the new building, actions plans were developed to outline when areas would be addressed.

## 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.

People were protected from risk, including risk of abuse.

There were effective systems to support people in taking their medicines safely and as prescribed.

People were protected from unsuitable staff because the provider had safe recruitment procedures.

The numbers of staff on duty meant people were supported in their daily lives as they wanted.

### Is the service effective?

Good ●

The service was effective.

There was extensive training and supervision provided for staff to ensure they could support people's diverse needs.

People were supported in eating and drinking healthily, to promote their well-being. This included supporting people who wished to become independent in preparing their own meals.

People were supported in working within any restrictions placed on them under the Mental Health Act. All staff had a clear understand of their responsibilities under the MHA and Mental Capacity Act 2005 (MCA).

People managed their own healthcare needs as much as possible. Staff liaised effectively with external professions where people needed additional support.

### Is the service caring?

Good ●

The service was caring.

People were supported to become as independent as they wished to be. People were fully involved in planning both for their daily and future life.

Where people needed support with their daily life, their privacy was respected and they were supported in a respectful way.

Staff treated people with empathy and consideration, showing an individual approach to providing care and treatment.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People revised their care plans with staff and were involved in making decisions about their own future plans.

People were supported in developing their own interests, in training and working roles. Their involvement with their family and friendship groups was supported.

People confirmed they could raise issues and were consulted about issues which were relevant to themselves. Where they raised issues, it was clear action was taken.

### **Is the service well-led?**

**Good** ●

The service was well led.

Both people and staff said the registered manager was open in their approach, respected their views and listened when they brought up issues.

Staff were aware of Lawn Court's philosophy and ethos, and worked within it.

The provider visited Lawn Court regularly and reported on issues. Action plans were developed if issues were identified.

# Lawn Court

## **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.

This inspection took place on 16 and 17 January 2017. It was unannounced. The inspection was undertaken by one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the home. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with 10 people who lived at Lawn Court and observed their care and treatment, including lunchtime meals and medicines administration. We spoke with a person's relative, and two social workers. We inspected the home, including communal rooms. We spoke with eight members of staff and the registered manager. We also attended a handover meeting.

We 'pathway tracked' four of the people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed records. These included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

# Is the service safe?

## Our findings

People said they felt safe at Lawn Court. A person told us, "Staff know how to treat people well. I see it here, some places I don't. That's important and makes me feel safe."

Ensuring people's safety was a key area at Lawn Court. A member of staff told us people were, "Incredibly vulnerable, especially financially." Staff were aware of risks to people, including controlling behaviours from others outside of the home. Staff emphasised the importance of identifying such risks early. For example, a member of staff told us a person had been at risk of financial abuse. They described how they had supported the person throughout the period the person was at risk. The member of staff said they had raised an alert with the local authority to ensure the person was safeguarded from risk of abuse.

Staff were also aware people living at Lawn Court could be a risk to each other. A person told us if they had issues with someone, they would talk to staff, so it was, "Sorted". A member of staff described how altercations could occur between people living at Lawn Court, due to their individual mental health conditions. Staff understood it was important to support people involved so they could understand the effect of what they had said or done on other people. A member of staff said this was an important part of their practice as it made sure "Everyone feels safe". The member of staff was very aware of how to report issues, once the immediate situation had been addressed. During handover, staff discussed one person's recent incident of verbal abuse towards another person. Staff had used the incident to support one person by showing them how their responses to such situations had improved. This was because they had not reacted inappropriately to the person who had verbally abused them, as they would have in the past. They had supported the other person by helping them to think about why such behaviour was not a way of improving relations with other people.

Staff had been trained in how to de-escalate potential difficulties between people, so they could make sure people were safe. All staff also said they would not hesitate to take appropriate action, including contacting the police, if it became necessary to ensure the safety of people. Some staff had attended advanced courses in safeguarding vulnerable people from risk of abuse. Staff who had attended such courses were available to support their colleagues if necessary.

Some people could be at risk from themselves, including self-harm and suicide. Where this was the case, staff drew up a risk assessment and care plan with the person. These outlined how their risk was to be reduced. For example, a person's risk assessment documented risk for them was higher when they started saying negative things. The person's care plan stated how staff were to support the person in distancing themselves from such negative thought patterns. Staff knew about the person's care plan and what they needed to do to keep the person safe. Some people had other risks, including isolation, self-neglect, and alcohol misuse. People were involved in developing their care plans. They took part in identifying risks to their own safety and what support staff needed to give them to help them manage the risk and remain safe.

People were safely supported to take their medicines. People either looked after their own medicines with support from staff, or their medicines were kept in a locked cupboard in the office. Where staff looked after

people's medicines, people came to the office to take them. Each person had their own medicines administration record (MAR), which staff and the person checked before taking the medicine. MARs were not signed until a person had been observed taking all of their medicine. Records showed where a person was regularly declining to take their medicines, this was referred to the prescriber for review. Such reviews included the person, as well as relevant professionals involved in their treatment.

People were supported to become independent in taking responsibly for their own medicines. For example, one person told us they had started with a two day supply and had now moved on to a three day supply, they would gradually move on to fully supporting themselves independently. Their medicines were given to them in a dosette container, similar to what they would be using when they moved into their own home. The person said staff did random checks on how they were getting on with their medicines, so they knew they were safe. Another person was about to be prescribed a medicine which needed cold storage. The registered manager was buying them a small fridge to support their independence with this medicine. When people self-administered, they had clear risk assessments about this. Each person who self-administered had an individual care plan, which showed which stage they were at in their programme. The assessment included how they thought they were progressing, and any risks to their independence.

Some people were prescribed medicines 'as required' (PRN). These medicines included painkillers and medicines to support people with managing their own mental health symptoms. People were involved in decisions about when to take their PRN medicines. For example, a senior member of staff discussed with a person that, now they were gaining more awareness of their symptoms relating to their mental health needs, they should start thinking about when they requested their PRN medicine. This would mean they took their medicine before their symptoms reached the stage when they were becoming distressed by them. People had care plans about their PRN medicines. For some people who were prescribed PRN medicines, staff told us about other strategies they supported the person with, so they did not only meet their needs by taking a medicine. One such person was experiencing pain and another was prescribed a mood altering medicine for anxiety. Such supports to people were not always documented in the person's care plan. Because staff knew about these matters, there was no impact on people. By the end of the inspection, the registered manager had started reviewing all people's PRN care plans so such relevant good practice information about supporting people was also documented.

People said there were enough staff to meet their needs. One person told us staffing was, "No issue." Another person said they felt safe because of the staffing levels at night, they said "I'm not often up at night but there's always someone there if I am." There were enough staff to support people in doing what they wanted to do. A person wanted to go out for breakfast, but did not want to go alone. There were enough staff on duty to make sure the person was able to do what they wanted to do. The registered manager said they employed a cook and a cleaner. This meant care workers were not routinely called away from working with people to do other roles.

People's safety was ensured by the provider's recruitment practices. All staff had an employment history, at least two relevant references, proof of identity and police checks. Where prospective staff were already known to the service, for example, because they had worked as agency staff, they still had a full assessment of their suitability for their role, in accordance with the provider's policies. If issues were identified during a prospective member of staff's police checks, the registered manager followed guidelines on risk assessments, before they made a decision about employing them. People who lived at Lawn Court were supported in being involved in interviewing prospective staff if they wished. All prospective staff were interviewed by at least two persons and sometimes more. Prospective staff interview assessment forms were fully completed to identify their strengths and areas where they might need support. The registered manager had experience of working within the provider's disciplinary procedures, so they could support



staff with their performance if needed.

People lived in a safe building. Building work had recently been completed to Lawn Court and the premises were still under contract from the builders, any necessary repairs and maintenance issues were dealt with by them. The home's fire risk assessment was regularly reviewed to ensure the building remained safe, now it was occupied. There were regular fire drills, which people were involved with. A person told us, "We're pretty good at doing fire drills." Where people chose to smoke, they had individual risk assessments drawn up with them, together with an agreement from them about how they would ensure safety when smoking.

Checks took place on services such as water outlets, windows above ground floor and equipment such as monitors, to ensure their safety. All of the doors to store rooms containing chemicals were locked. There were regular checks on the building. During these checks, areas such as broken toilet seats and cracked sockets were identified and action taken to address. Some people had difficulties with cleaning their own rooms. Where this happened, a therapeutic care plan was drawn up with the person. This outlined the ways the person was to be supported in becoming more independent.

## Is the service effective?

### Our findings

People told us their needs were met in an effective way. A person said, "I can talk to them [staff] and know things will be done." Another person told us, "When things are promised to be done, staff remember and make sure it is done. That builds trust." A member of staff told us, "We encourage people to try to manage their health. It is about negotiating and making people aware of the outcomes of decisions they make. We do this through ensuring people have time to talk about their decisions and choices."

People were supported by the extensive range of staff training, which ensured staff knew how to support people's diverse needs. One member of staff told us about their recent training in medicines and mental health and how it had helped them to support certain people. Another member of staff told us about their training in 'legal highs' and how much they had learnt from the training about the area when supporting people at Lawn Court. A bank member of staff told us they were shortly going on a course about supporting people who were living with autism. Another member of staff told us about an alcohol addiction course they had been on and how helpful it had been to them in understanding strategies for supporting people. The registered manager described how they encouraged staff to take responsibility for their own professional development, depending on where they were in their career and their own professional interests.

New staff received an induction, which fully complied with current guidelines. Lawn Court's training plan showed the wide range of training staff were given to enable them to effectively support people. This showed all staff completed training in mandatory areas like health and safety, food hygiene and risk assessment. It also showed a wide range of other areas for staff development. This included diplomas for staff who wished to develop their skills further. It also included specific training in supporting the needs of people living in at Lawn Court, these covered a wide range of areas, among them supporting people who had needs relating to dual diagnosis, people who had anger management difficulties and people who experienced depression. Training was also provided in areas which could affect individual people, such as deaf awareness and supporting people in managing their own specific dietary needs. The registered manager said staff cascaded training to others. For example during handover, a member of staff led on a specific area of meeting a person's mental health needs, which they had received training on.

Staff were fully supported and supervised in their roles. This ensured people received effective care and treatment from staff who knew what to do if they needed support. All staff acknowledged it could be stressful supporting the people who lived at Lawn Court. A member of staff told us, "I can go to him [the registered manager] and say I'm finding it difficult and I'm stressed and he'll support me." An experienced member of staff said they appreciated the way it could be difficult for a new member of staff, for example if a person swore at them repeatedly all day. They said when this happened they needed to "Watch out for them" and make sure the member of staff felt supported. A senior member of staff said "We have all sorts of strategies to support staff here." They said this could include something as simple as suggesting the member of staff to walk round the block, to clear their mind after an incident which they had found stressful. The registered manager said a key area was for them to have an "Open door," so staff could receive support when they felt they needed it and not be told to wait until their next formal 1:1 meeting.

All staff confirmed they received regular 1:1 supervision meetings. All supervision meetings were confidential between the supervisor and supervisee. A senior member of staff reported supervision also needed to be used to "Spot issues early," so staff were supported. They gave an example of a member of staff who had been volunteering for too many overtime shifts. They said they had worked with them to reduce their hours, so they did not get too tired and this affect their performance. All new staff had three month and then five month reviews. These were individual and supportive of the new member of staff. For example, one new employee's supervision record showed both they and their supervisor had identified needs for the member of staff to gain confidence when supporting people who were living with mental health needs. Their next supervision, two months later, showed how they had developed with experience, support of other staff, and training.

People were supported in consenting to all aspects of their care. All of the staff we spoke with were fully aware of meeting the needs of people in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and Mental Health Act 1983 (MHA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. Under the MCA, people can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The MHA sets out when a person can be admitted, detained and treated in hospital or the community to ensure their mental health needs are met. Lawn Court provided care to some people who were subject to certain sections of the MHA and to people who were under a community treatment order (CTO). A CTO is where a legal order is made by the Mental Health Review Tribunal or a magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community.

Staff understood the importance of making sure people were supported to make decisions for themselves. This included taking into account any restrictions they may be subject to under the MHA. For example, one person expressed a wish to undertake certain actions which might mean they contravened what they were allowed to do under the MHA. Staff supported the person in understanding the consequences of their actions, but did not seek to stop the person from what they said they wanted to do. Because of the consistent and understanding approach by staff, the person was able to reflect on actions they said they wished to do. They subsequently did not go on to do what they had said felt they needed to do. This person had a very clear care plan, which set out in a way which was approachable to the person, what actions they were required to take under their section of the MHA. Staff discussed options with another person who was cared for in accordance with a CTO. Staff supported the person in making a decision. The effect of this was the person took a decision not to contravene their CTO. None of the people at Lawn Court were subject to a DoLS and all were assessed as having capacity. The registered manager had experience of working within DoLS in the past.

People made very favourable comments about the meals. A person told us, "The food is good here, we can have takeaways, we also can have healthy choices - you can see from the menu. There is plenty of it and it is a nice place to sit." Another person said, "Yes there's enough food and the temperature's good,". During a meal, people sat where they wanted to. Some people sat on their own while some sat with others, depending on their own preference. People engaged with each other if they wanted to. One person acknowledged another, saying, "Hi mate" as they sat down with them. Some people were not in Lawn Court at lunchtime. The chef told us how they supported people with having a hot meal of their choice when they came back. There was a wide range of choice of different drinks and snacks left out for people to help themselves to. A person told us, "There's lots of food and snacks put out for us."

Some people were being supported to become independent with planning and preparing their own meals.

A person told us they had been given their own budget and had now reached a stage where they bought all their own ingredients and cooked all of their own meals. On one of the inspection days a person cooked lunch for everyone. It smelt very appetising. A senior member of staff led on health and nutrition. They had attended a range of courses on this. They described how they supported people in planning food purchases within a budget and encouraged a healthy diet. They said, "Our job is to provide the opportunity," about eating healthily. The senior member of staff knew about people's specific dietary needs. For example, a person had been assessed as being deficient in vitamin D. The member of staff described how they supported the person in increasing their vitamin D intake. People who had eating disorders were supported in the way they needed. A person had a clear care plan about their eating disorder, which described how staff were to support them with their disorder.

People told us their medical needs were met in an effective way. A person told us, "I have a bad cold or flu at the moment, staff have been brilliant. They have made me what I want to eat. I only got up at certain times due to feeling ill and staff were supportive. They got me to see the doctor straight away. They care and know when to act, that's important." A person told us they could experience seizures at times. They described the way staff effectively supported them, in a way they knew worked for them, when this happened. Staff knew how this person wanted to be supported when they experienced a seizure. A care worker told us about a person who had showed symptoms of a urine infection. They had asked the person for a urine sample, referred them to their GP and the person was now prescribed antibiotics.

Several of the people could experience changes in their mental health conditions, these people's changing needs were met in an effective way. A social worker told us staff were very good at identifying when people's mental health conditions were changing. They said when this happened, staff took appropriate action, including promptly calling in the appropriate medical support, so the person's mental health did not deteriorate further. A member of staff told us about the importance of knowing people as individuals and noticing any apparently, "Small changes," as this could indicate changes in people's mental health. The registered manager said as much as possible, they tried to support people at Lawn Court if their mental health needs changed, however they were also aware on occasion people needed to be returned to more a secure mental health unit, so their mental health needs could be stabilised. They were fully aware of how this was done, so people received prompt support when needed for acute mental health conditions.

## Is the service caring?

### Our findings

The emphasis at Lawn Court was caring for people as individuals. Staff supported people to work towards a more independent way of living, in the way they wanted. A person told us, "It's the independence I like," and another, "It's very independent living here." A person told us, "I want to do other things with my life and staff are helping me to do this."

The care and treatment at Lawn Court made sure people were supported to be as independent as they were able and wanted to be, and staff were very flexible in their approach. For example, some people were being supported by staff to look after their own money, including budgeting. One person had been supported to go to a local estate agent to get information on accommodation to rent. The registered manager had helped them to consider the range of factors they needed to think about before they committed themselves to one particular flat. A senior member of staff said their role was, "Helping people to live independently," A member of staff said they were supporting a person to, "Get on with their own life." A member of staff smiled and said about a person, "They're never in," because they were now much more independent than they had been.

People could make the choices about their lives they wanted to. A person told us there were "No restrictions here." Another person said Lawn Court was, "Just like having your own place." People said they could leave Lawn Court and come back when they wanted to. A person told us, "I go in and out when I want to." A person told us, "I can approach the staff to ask for help or to support me when I need. I like to do things by myself, but it gives me a choice and confidence." People also said Lawn Court felt like a home. More than one person said this was helped by the two cats who lived there. One person said, "I like the cats, they come upstairs and do as they please. They have different characters and one likes to be picked up more than the other one. They are good company." A member of staff said they thought that at times the cats provided, "Better therapy" than anything the staff provided.

People said they were consistently involved in decisions about their care and decided how they lived their life. A person said, "Staff listen to me and support me." Another person told us they had wanted to go to Eastbourne one day but had felt a bit unsure, so they asked and a member of staff went with them. They said this did not happen all the time, only when they wanted. A member of staff told us about the importance of the "Involvement" of people living at Lawn Court. Another member of staff told us, "Our job is to provide information," so the person can make decisions. There was a noticeboard by the front entrance about the range of ways people could become involved with areas of interest to them in Bexhill and surrounding area, and about advocacy services.

People told us staff were very caring and supportive to them. A person told us, "The staff help, you can see how they care." A person said, "The staff are approachable, we don't always agree, but you can talk to them. The office is always open." A person told us they knew they could experience sudden mood swings, they told us, "If I'm feeling all emotional, you can always talk to staff." Staff showed a caring approach to people. A person had been required to attend a formal external meeting. A member of staff was allocated to go with them if that was what they wanted. The registered manager also clearly explained to the person what would

be involved with the meeting and issues they may need to consider, so the person felt supported. A person had recently been unwell and needed personal care, they told us about staff, "These ladies, they've been wonderful," so they felt fully supported all the time they were feeling unwell.

People were fully supported in decision making. A person told us when they went to see their GP about their medical conditions, "If I want staff to come with me, they do, if I don't, they don't." They said they felt supported because of this. Staff all understood that people may make unwise decisions. They said people were supported in choosing how they wanted to live their own lives, this included making unwise decisions and people learnt from doing this. A person told us about attending an alcohol withdrawal service. They said staff were supporting them throughout this period, helping them make decisions and developing strategies which worked for them in reducing their alcohol consumption. Staff we spoke with knew about the person's programme and how they supported the person on a day-to-day basis with making decisions about alcohol withdrawal. Staff were not judgemental on the occasions where the person had found their programme to difficult to keep to.

People said staff always respected their privacy. Staff did not go into people's own rooms unless they had permission. People went in and out of the home as they wished and staff did not ask people intrusive questions such as where they were going and when they would be back, unless people wanted to tell them. The office was often full of people, so when this happened, people were given their medicines in an inner room, to ensure their privacy. A person told us they had moved from the previous building and the difference to them from now having a room with an en-suite. They said their room in the new building felt more like their "Own space." Staff told us people were sleeping better now they had more privacy in their own rooms in the new building. A person could experience seizures. They said they had been involved in decisions about whether they wanted to remain private or be observed by night staff in case of any seizures. Their decision to retain their privacy had been respected.

Staff were caring and respectful when they talked about people. A member of staff told us about a person who was experiencing auditory hallucinations, associated with their mental health condition. They showed an empathy with the person, saying how unpleasant, frightening and exhausting such hallucinations could be for the person. They said a key area for the person was to understand triggers for these hallucinations, so they could be supported in being aware of what was happening and getting separation from the hallucinations. Another member of staff said for one person, the key area was supporting them in looking at positives in their day to day life, not repeatedly returning to things which they felt had gone wrong for them that day. The handover meeting reported factually on how people were and no judgemental language was used about people, what they had said or done. A person's records showed they experienced delusions which could affect their daily life. Their records were written clearly, and again no judgemental words were used when describing them.

## Is the service responsive?

### Our findings

People said the staff made sure they received responsive care and treatment. One person described staff as "Flexible." Another person said, "Staff are good here, they know people want different things and help everyone." A person who was keen to live an independent life told us, "I don't want to be here for ever. I want to live my life, live independently, get my own place, settle down. Staff here know this. We talk about things a lot. People here can have their own jobs, interests, the staff know there is more to life."

The registered manager said they met everyone before they decided to come and live at Lawn Court. They said people's needs often changed after they came, so a settling in period was allowed for. A person who had recently been admitted had expressed concerns about certain areas of their needs before they were admitted. However, once they had been admitted, it became clear they also had other needs. The person's care plan was revised, together with them, to reflect these needs. A member of staff said, "When people come in, we need to keep extra eye on them," this was because many of the people had been in more secure settings previously and found the change to a community service difficult to cope with at first. Another member of staff said a key area was to, "Make sure they feel they can approach us." All newly admitted people had an induction checklist on their file to support them in settling in, this included practical matters, such as layout of the building, as well as areas relating to their specific needs.

People said they were fully involved in their own care planning. A person said about their care plan, "I talk to the manager and we agree what is in it." Everyone had a three monthly 'how's it going' meeting with staff, which they were fully involved in. During these meetings people were encouraged to talk about their current progress and future plans for their life. The registered manager said a key area was reviewing people's past history with them. This was because people were frequently not aware of how much they had developed themselves over time. Everyone had extensive records about their past histories to facilitate such reviews. People were also encouraged to take responsibility for their own mental health needs. This included when people showed behaviours which may challenge others. Where a person did show such behaviours, they were encouraged to discuss why it had happened, possible resolutions and its effect on others. Where conflicts had occurred, this was fully documented in people's records, together with actions taken to resolve situations.

People described their care plans. For example, a person told us about their management of alcohol intake in their day to day life. Staff told us about the practical ways they were supporting the person, for example providing opportunities for social engagement while drinking alcohol, to reduce their alcohol consumption on their own. What they had agreed to was documented in the person's care plan. A person's records showed they could be at risk of relapse with their mental health needs. The registered manager said a key area was for the person to "Find their own level of well-ness." The person's care plan clearly set out what indicators staff were to observe for and actions to take, should the person need additional mental health support. A person experienced seizures, although staff knew how to support them when this occurred, they did not have a written care plan about this. Records were made of seizures the person experienced, these were documented in the person's daily records. This meant the frequency of their seizures and if this was being affected by other therapies they were undertaking was hard to assess. This did not have an impact on



the person because staff told us about how to manage the person's seizures and how often they happened. By the end of the inspection, the registered manager had developed a care plan for the person and drawn up a seizure monitoring record, so the effect of other therapies for them could be assessed.

People were supported in developing their own lives in the way they chose. All people were involved with their own assessments about if they wished to be involved with education, work or volunteering. These decisions were regularly reviewed, with staff, who supported people with their choices. One person told us they were currently being supported in undertaking National Vocational Qualifications (NVQs) in an area of interest to them. This would help them to get work in that area of interest when they were well enough to do so. Another person told us they were doing some voluntary work as preparation for paid employment. A person who had difficulties with their weight and fitness was being supported in attending a local fitness centre to see the range of areas they might like to take part in. A person was actively involved with a local church, as that was what they wanted to do.

Staff told us they were aware of how important people's families were to them and how changes, such as a close relative getting married, could affect their mental health. One person had a family member who was unwell and staff were actively supporting the person about this. Care workers said some of the people at Lawn Court had some family members who were getting older. They were aware they needed to support people in planning for the future as this happened. One of the people went home to their family most weekends. Another person told us their family lived a long way away, but they had regular phone contact with them and were pleased they had their own mobile phone.

Staff liaised with a wide range of relevant external professionals and others, to support people. A member of staff told us how they were supporting a person who was living with Asperger's Syndrome to take part in a friendship group. This was to support them to socialise in a group and to help increase their confidence with other people. A social worker told us they were, "Confident staff can manage people and they will liaise with social services if their conditions change." The registered manager had developed working relationships with agencies like the local police. One person had a history of finding difficulty with fully complying with all of the terms of their requirements under the MHA. The registered manager had liaised with the police to support a solution for all parties involved.

People could raise issues which concerned them with the registered manager. A person told us, "He listens to me and makes complaining easy." The provider had a complaints policy, which was made available to everyone. A recent complaint had been received from a person about the quality of the Wi Fi in the new building. The registered manager was clearly following this up with a supplier. The registered manager was developing a more user-friendly complaints system, where people could write their comments on post-cards. People were finding this a more approachable way to raise issues of concern. The registered manager always followed up issues raised by this new system. For example, a recent comment from a person related to requests for blinds in the living room. Records clearly showed how this was being actioned. Regular residents' meetings were held. The most recent one had discussed the dining room furniture and use of the laundry. The registered manager was taking action about these areas. Positive comments were also retained on file. A person who had moved into more independent living had taken the time to send a hand-written letter of thanks for the support in enabling them to do this.



## Is the service well-led?

### Our findings

People said Lawn Court was well led. A person told us warmly, "I like it here." Comments about the registered manager included "He's fantastic," and "That man is always available." External professionals said Lawn Court was well-led. A social worker described the registered manager as, "Very open," they also said, "Staff seem to stay," because of the culture of the home. Another social worker said, "Residents like it," they also described the registered manager as, "Positive and open."

Staff also commented on how well-led they thought the service was. A member of staff told us, "He's one of the best managers to work under." Another member of staff said, "I'm really happy here, I enjoy working with these folks," and another, "We all just love it," about working at Lawn Court. A care worker told us, "I'd live here, no problem, if I had issues."

The provider had a clear mission statement, which outlined their philosophy and vision. This emphasised the importance of working with people, and supporting them towards independent and fulfilled lives. The mission statement recognised the diversity of the group of people who used the service, and the importance of empowering people to be themselves. Staff were aware of this philosophy. A member of staff told us, "We're all humans here together," another that the aim was to, "Get the best possible out of each person in the way they want, in their own time," and another described the service as, "Progressive, human." Staff felt they were successful in delivering the philosophy. A member of staff said, "I think we've got the right ethos."

The registered manager told us when interviewing prospective staff, they looked at the individual's values, particularly about supporting people to find their own way in life and making their own choices. They said they also looked at prospective staff's range of life experience, so there was a diverse staff team to meet people's differing needs. The registered manager said agency staff were sometimes used, but only at night. They said with agency staff, it was important they "Have our values," and the key area was agency staff being sociable with people. If they did not have such skills, they would ask for them not to be sent again.

The registered manager said one of the key areas for Lawn Court was ensuring there was an open culture. He said he was aware there was a risk that care homes can be insular places, so he emphasised the importance of reaching out to people, the staff team, other professionals and the local community. He actively supported staff in developing areas of interest. For example, a member of staff lead a healthy eating group, as it was an area of particular interest for them. Another care worker led on community involvement, as this was an interest for them. Staff could raise issues during staff meetings. For example, at a recent meeting, staff had sought clarification about receipts where people were self-catering, to ensure appropriate information was held on such people's files. We observed a shift handover. This started with all staff being welcomed by the senior member of staff, staff appreciated this welcoming atmosphere and it enabled staff to feel they were able to raise issues relating to people's care needs.

Both the provider and registered manager performed regular audits of service provision. A manager from the provider visited monthly and completed a quality monitoring report, which was made available at Lawn Court. Once a year, this quality monitoring visit included a person who was or had been living with mental

health care needs. The provider had decided to introduce audit reports which followed CQC reports. They had not as yet considered all areas. The provider's audits involved meeting with people, staff and reviews of records. However reports did not show if a holistic approach was used where what people said, what was observed and their records were reviewed, to ensure all areas were reviewed. For example, they had not identified in their recent audit that a person who experienced seizures did not have a care plan about this. The registered manager had taken action about this by the end of the inspection.

Both the provider and registered manager performed regular surveys about the quality of service provision. The registered manager said they were aware some people did not like completing surveys and they were happy to receive verbal comments about the quality of the service when people wanted to pass them on. For example, some of the people had bikes, but the new building did not have storage facilities for them. The registered manager was looking at a specific area which could be adapted into cycle storage, so people did not feel they had to take them up to their rooms or place them in an area outside where they could get wet. The registered manager was keen that policies and procedures from the provider were followed and also that they remained both practical and workable. They were happy to make suggestions to the provider about changes to policies if it were needed. For example, he had been developing a more user-friendly way for people to raise concerns.

Staff commented positively on the teamwork at Lawn Court. A member of staff said, "It's the best team ever," another, "Brilliant team, I feel supported in anything and everything" and another, "There's always someone to go to." A member of staff told us they had worked elsewhere in the past. They said staff meetings at Lawn Court were, "Very different" they were much more about, "Involving staff, at the other place they were telling you, here you're all part of it," Another person said about staff meetings, "There's no waves, bad vibes etc. if you bring things up." Staff said knew when they were working and were able to plan their work life balance. A member of staff said the forward planning of the duty rota their life much easier.

Staff were clearly aware of management structures and systems. A member of staff said they went through the whistle blowing policy at every 1:1 supervision. They were fully aware of who they could contact if they had concerns. They said they felt able to go to the registered manager, but if they could not, they knew who to go to within the provider and also knew they could contact the CQC if they felt they needed to.