

Education and Services for People with Autism Limited

Lawreth

Inspection report

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County Durham
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Date of inspection visit:
15 November 2022
23 November 2022
05 December 2022

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29 December 2022

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Lawreth is a residential care home providing accommodation and personal care for up to 2 people. The service provides support to people with a learning disability and autistic people in an adapted bungalow on a residential street. At the time of our inspection there were 2 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Infection control measures were in place and the service was regularly cleaned. One relative told us, the service was kept, "Absolutely spotless." Some ceilings were however affected by mould, this was an ongoing issue that the provider was taking steps to address. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Relatives' and professionals' views and suggestions were taken into account to improve the service. There were effective staff recruitment and selection processes in place. There were enough skilled and experienced staff who knew people well to safely meet people's needs.

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.

Right Care:

People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Relatives and professionals commented on the positive atmosphere, values and caring attitudes of staff. One relative told us, "Staff really, really care." People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and

empowering care that was tailored to their needs. Staff turnover was low, which supported people to receive consistent care from staff who knew them well. There had been some staff changes but staff who had worked with people for a long time shared learning to ensure any newer staff had the correct knowledge. Staff placed people's wishes, needs and rights at the heart of everything they did. The service enabled those important to people using the service to give feedback to develop the service. Staff valued and acted upon these people's views.

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 good (published 05 December 2017).

Why we inspected

This was a planned inspection based on the length of time since the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lawreth on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lawreth

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector.

Service and service type

Lawreth is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lawreth is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 15 November 2022 and ended on 5 December 2022. We visited the service on 15 and 23 November 2022. We continued to review information from the service and make telephone calls to relatives and professionals until 5 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

Some of the people who used the service had complex needs which limited their communication. This meant they could not tell us their views of the service, so we observed people who used the service interacting with staff. We spoke with the registered manager and 5 support workers. After the visit we received feedback from 2 health and social care professionals. We also spoke with 2 relatives by telephone.

We looked at a variety of records relating to the safety and management of the service, including policies and procedures, staff recruitment, risk assessments and safety checks.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People who used the service could not tell us if they felt safe, but relatives, staff and professionals told us they felt care was very safe. We also observed people being given safe support. One relative told us, "[Person] is very safe, very well looked after and very loved." Another relative said, "[Person] is safe, yes, because the procedures they have are good."

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- The service helped keep people safe through formal and informal sharing of information about risks. Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. A staff member told us, "It's safe, 100 percent. We do everything possible for them [the people who used the service]. They are really well cared for."
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. The service had recently completed a review of any restrictive practices to ensure these were kept to a minimum.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. One professional told us, "Staff do things in the best way, to be least restrictive and to look at [person's] quality of life."

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service. One relative told us, "The staff are second to none."
- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. The service had vacant roles, including for senior staff, and was recruiting to fill these. The service did not use agency staff, to ensure staff knew people well, and permanent staff had worked extra to ensure the service was provided consistently.
- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals. One relative told us, "The staff definitely know [person's] needs."

Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating or understanding the medicine they were taking. Staff used sign language and body language to communicate and support people with their medicines.
- Guidance for medicines was clear and staff knew people well to look for signs for when 'as and when needed' medicine should be given.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. On the first day of inspection there was mould on some ceilings, including in one bedroom. The provider was taking action to address this issue. Otherwise premises were clean and well kept.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to have visitors in the home, to access the community and visit friends and family in-line with current guidance.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- The service recorded any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. A professional told us, "There is always a nice atmosphere."
- Staff told us there had been a dip in morale due to staffing pressures but they worked together as a team to support each other. One staff member told us, "We're a really good team, we all pull together, we're such a small team and we all help each other."
- People achieved positive outcomes including regularly being out in the local community, for example for walks and to visit cafes. A professional told us, "Staff are always getting [person] on holidays and activities, they are part of the community."

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

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. Staff delivered good quality support consistently.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. The provider involved relatives on a regular basis through telephone calls, care reviews and surveys. A relative told us, "I give my input. I'm friends with the staff. We've got to work together in [person's] best interests."
- Staff told us they felt able to comment to improve the service.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The service worked well in partnership with advocacy organisations/ other health and social care organisations, which helped to give people using the service a voice/ improve their wellbeing. A professional told us, "Staff are very good at joined up work" and, "Staff are really good, one step ahead. They are proactive in contacting us."