

Lawwood Limited

Lawwood

Inspection report

87 Todmorden Road
Burnley
Lancashire
BB11 3ES
Tel: 01282 435832
Website: www.example.com

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an inspection of Lawwood on 27 and 28 April 2015. The first day of the inspection was unannounced.

We last inspected this home 7 February 2014 and found the service was meeting the regulations in force at that time.

Lawwood is registered to provide accommodation and personal care for up to 11 people. It specialises in the care and support of people with mental ill health and

does not provide nursing care. At the time of the inspection there were 11 people accommodated at the service. All people were provided with a single room with an ensuite shower facility.

During the inspection we found the provider was required to make improvements to the management of medication. This was because medication was not managed in a safe and appropriate way and people's well

Summary of findings

being was placed at risk. We have also made recommendations in respect to the development of staff training, the care planning processes and the quality monitoring systems.

At the time of the visit the registered manager was not working in the home. 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 home was being operated by a temporary manager and one of the owners of Lawwood Ltd.

People told us they felt safe and were well cared for in the home. However, they raised a number of concerns which related to the last few months. We raised the issues with the local authority under safeguarding procedures. The local authority is the lead organisation for the investigation of safeguarding alerts. Although staff had completed training on safeguarding procedures we found two staff were unsure where to report safeguarding concerns and the role of the local authority.

We noted from looking at training records that staff had completed a level three diploma in health and social care. However, the staff spoken with were unsure about the principles associated with the Mental Capacity Act 2005 and had not received specialist training on nutrition in order to support people with a healthy diet. The staff also told us they had not had an individual supervision

for some time. Supervision is important to enable staff to discuss the operation of the home and future training needs. There were enough staff at the service to provide people with support and changes to staffing levels could be made if needed.

People told us they liked the food provided and confirmed they were offered choices at every mealtime.

People made complimentary comments about the current staff team and told us their rights to privacy and dignity were recognised and upheld. We observed staff were kind and sensitive in all their interactions with people living in the home.

Each person had an individual care plan which was supported by series of risk assessments. However, people told us they were unfamiliar with their plan and staff said the plans were difficult to follow and access information.

People were provided with opportunity to participate in a variety of activities both inside and outside the home. People were also supported to build their independence skills.

Whilst feedback was sought from people and staff about the quality of the service, we found the quality monitoring systems had not been fully implemented.

Our findings demonstrated a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 consistently safe.

We found people were not adequately protected against the risks associated with the unsafe management of medicines.

Whilst people told us they felt safe in the home, they told us about some concerns which dated back several months ago. We raised a safeguarding alert with the local authority in respect of the concerns. Staff had received training on the safeguarding procedures, how two staff were unsure what action to take in the event of an alert.

The provider had systems in place to manage any risks to people's health and safety.

Requires improvement



Is the service effective?

The service was not consistently effective.

Whilst staff had completed level three diploma in health and social care, they had not received specific training on the Mental Capacity Act 2005 and nutrition. We also found staff had not received supervision with their line manager for several months.

People were encouraged and supported to make their own choices and decisions.

People were provided with a variety of nutritious food and were offered sensitive support to eat their meals.

People had access to healthcare services and received appropriate healthcare support. The staff had good links to healthcare professionals and was working with them to promote and improve people's health and well-being.

Requires improvement



Is the service caring?

The service was caring.

People made positive comments about the caring attitude of the staff. During our visit we observed sensitive and friendly interactions.

People said their dignity and privacy was respected. People were supported to be as independent as possible. Staff were aware of people's individual needs, backgrounds and personalities.

Information was available to help people with making decisions and choices.

Good



Is the service responsive?

The service was not consistently responsive.

Requires improvement



Summary of findings

Whilst each person had a care plan, people spoken with were unfamiliar with their plan and staff told us the plans were difficult to use.

People were supported to keep in contact with families and friends. They had opportunities and support to develop skills, by taking part in meaningful activities in the local community and in the home.

People were aware of how to make a complaint should they need to.

Is the service well-led?

The service was not consistently well led.

Whilst feedback had been sought from people living in the home and staff, we found quality monitoring systems had not been fully implemented.

At the time of the inspection the home was being operated by a temporary manager and the owner in the absence of the registered manager.

Requires improvement



Lawwood

Detailed findings

Background to this inspection

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

This inspection took place on 27 and 28 April 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service, including notifications and adult safeguarding information. We also received information from local authority contract monitoring team and feedback from five healthcare professionals involved in the

home. The owner sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with six people who used the service. We spoke with the temporary manager, four members of the care team and one of the owners of Lawwood Limited.

We looked at a sample of records including four people's care plans and other associated documentation including risk assessments; eleven people's medication records, one recruitment file and three staff records, policies and procedures and health and safety audits.

Throughout the inspection we spent time in the home observing the interaction between people living in the home and staff.

Is the service safe?

Our findings

We looked at how the service managed people's medicines. People told us they were satisfied with the support provided to take their medication. The home operated a monitored dosage system for the administration of medication and records were mainly pre-printed from the pharmacy. Records seen were up to date and we noted staff had signed the record following the administration of each medication. There were no controlled drugs at the time of the inspection.

All people spoken with told us they received their medicines when they needed them and were given pain relief medication when necessary. One person told us, "I always get my tablets on time. It's done religiously and I can have an extra tablet if I have a pain like a headache." However, one person told us they felt "very sleepy" all the time. We checked the person's medication records and found they had been given an "as required" medication every day. This type of medication is prescribed to treat specific symptoms and is not part of the usual schedule of medication. There was no procedure seen for the administration of this drug and there was no evidence the person's medication had been reviewed with their doctor. We noted the temporary manager made the person an immediate appointment with their GP, so their medication could be reviewed.

We further noted that on one occasion in January 2015 medication prescribed for one person had been given to another person following a pharmacy error. This is poor practice and should not occur. On another occasion a person was given too much medication by mistake. We looked at the person's records and could find no evidence to demonstrate medical advice had been obtained following the error occurring. We noted staff had been asked to monitor the person for any ill effects, but there was no record of the observations taking place. This meant appropriate arrangements had not been made to keep the person safe.

Our findings demonstrated the provider's arrangements for managing medication did not fully protect people against the risks associated with medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All people spoken with told us they felt safe and secure in the home. However, they also told us about some concerns over the last few months, which we raised with the local authority under safeguarding procedures. One person told us, "I feel very happy now, all the staff are excellent and they are dedicated to looking after us." The owner was aware of the concerns and had taken appropriate action to mitigate any risks.

We discussed the safeguarding procedures with three members of staff. Safeguarding procedures are designed to direct staff on the action they should take in the event of any allegation or suspicion of abuse. Staff spoken with understood their role in safeguarding people from harm and they were able to describe the different types of abuse. However, two members of staff were unsure about the content of the safeguarding procedures and the role of the local authority as the lead organisation for managing safeguarding investigations. It is important staff have a working knowledge of the procedures so they know what to do in the event of an alert. With the exception of one member of staff, all staff had received training on safeguarding vulnerable people from harm as part of their level three diploma in health and social care.

We looked at how the service managed staffing and recruitment. The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. The temporary manager explained the staffing levels were flexible and adjusted as necessary in line with the needs of people living in the home, for instance additional staff were placed on duty to support people going to appointments or activities. All staff spoken with confirmed they had time to spend with people living in the home and people told us staff were readily available whenever they required assistance.

We looked at the records for the last member of staff employed in the home. Whilst there were shortfalls in the recruitment records, we noted the person had been recruited in 2013. The owner and temporary manager told us they were aware of the regulations and recruitment procedure had been reviewed since this time.

We noted checks carried out on new staff included taking up written references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers

Is the service safe?

make safer recruitment decisions. New staff completed a probationary period of three months depending on their performance and level of experience. From the documentation seen we noted their employment was reviewed at six weeks and twelve weeks.

We looked at how the service managed risk. We found individual and environmental risks had been assessed and recorded in people's care plans. Examples of risk assessments included the use of the shower, kitchen and smoking. Other areas of risk included fire safety and the use of outdoor space. There was documentary evidence of control measures being in place and any shortfalls had been identified and addressed. This meant staff were provided with information about how to manage individual and service level risks in a safe and consistent manner.

The provider had employed a health and safety advisor who carried out a programme of audits to check for risks to people's health and safety. We saw a sample of the completed audits during the inspection and noted action plans had been developed and reviewed to ensure any issues had been resolved.

Following an accident or incident, a form was completed and details were entered onto a central log. The incidents were analysed on a regular basis to check of any trends. This meant action could be taken to minimise the risk of a reoccurrence.

We recommend the service seek guidance from a reputable source in order to refresh the staff's knowledge on safeguarding procedures.

Is the service effective?

Our findings

All people spoken with made complimentary comments about the current staff. One person said, “The staff are very good and dedicated to looking after us well.” During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and preferences.

We looked at how the provider trained and supported their staff. There were systems in place to ensure all staff received regular training. New staff had completed induction training which covered the Skills for Care standards. These are recognised standards new staff need to meet to enable them to care for people in a safe and appropriate way. The temporary manager explained plans were in place to bring the induction training in line with the new Care Certificate, launched in March 2015. This sets out the expected competencies and standards for all new staff working in health and social care settings. New staff worked supernumerary to the rota for a minimum of a week. This enabled them to work alongside an established member of staff, meet the people living in the home and become familiar with the policies and procedures.

From looking at the staff training records, we found that with the exception of one new member of staff, all staff had completed the level three diploma in health and social care as part of the Qualifications and Credit Framework, known as QCF. This qualification included units on safeguarding and protection, communication, risk taking, the management of medication and the principles of person centred care. On discussion with the temporary manager it was evident this training provided staff with a general overview of the topics relating to all groups of people. This meant staff had not received specialist training in the principles associated with the Mental Capacity Act 2005 and DoLS and they had limited knowledge about this legislation.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to

ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We noted there were policies and procedures available on the MCA 2005 and DoLS for staff reference. We noted there was evidence of best interest decisions on file and MCA assessments. At the time of the inspection, one person had an authorised DoLS in place. Staff were aware of the DoLS, however, we found there was no care plan in place to guide staff on how to support the person in the least restrictive way.

Whilst we noted staff had received an annual appraisal of their work performance during 2014, staff spoken with told us they had not received a one to one supervision with their line manager for a number of months. We checked three staff files and found this to be the case. Supervision is important to enable staff to discuss the operation of the home and any future training needs. The temporary manager told us there was a plan in place to provide all staff with a supervision the week following the inspection. This task was to be divided between the owner and the temporary manager.

We looked at how people were supported with eating and drinking. All people spoken with made complimentary comments about the food provided. One person said, “The food is really good, (the owner) recently redid the menus and we have plenty of variety now.” People told us they had two choices each meal time and an alternative. We observed people were offered a choice of food on the first day of the inspection.

People’s dietary needs were covered in their individual care plans and risk assessments had been carried out in respect of risks to people’s health. We noted references in people’s plans about the importance of a healthy diet; however, there was no information about what constituted a healthy diet and staff had not received training on nutritional needs. This meant there was an increased risk of poor nutrition.

The premises were designed to promote people’s privacy, dignity and independence. Accommodation was arranged on two floors in single occupancy rooms. All rooms had an ensuite shower facility with a wash basin and toilet. People told us they liked their bedrooms, one person said “I love

Is the service effective?

my room it is really comfortable.” People could choose to spend time alone or with others in the lounges. There was a yard at the rear of the property which people could use for smoking.

We looked at how people were supported to maintain good health. Records we looked at showed us people were registered with a GP and received care and support from other professionals. We received positive feedback from healthcare professionals prior to the inspection. For example one professional told us, “My experience with health care needs is a good one. Lawwood ensure my resident always attends appointments and make them without delay if they have any concerns.” Another professional commented, “Staff have a good understanding to my client’s needs and are able to highlight early warning signs in order to get quick and appropriate response from myself and the consultant.” We noted people attended healthcare appointments during

our visit. We also looked in detail at one person’s healthcare concerns and noted a medical appointment was made within two days of the person expressing concerns. The person told us they felt reassured after the appointment.

People’s healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. People were given support to attend appointments and were given the option to speak to healthcare professionals in private. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

We recommend the service seek advice and guidance from a reputable source to develop staff training.

Is the service caring?

Our findings

People spoken with told us the staff were caring and supportive towards them. One person told us, “The staff are very kind, they always have time for a chat and I feel that they care about me and everyone else.” Another person said, “All the staff are great, we all get on well together and have a good laugh.” We observed warm and caring interactions between staff and the people using the service throughout the two days we spent in the home.

The owner told us there was a basic structure to the day to ensure people had consistent care. People said the routines were flexible and they could make choices about how they spent their time. We noted people followed their preferred routines during the visit.

Staff spoken with understood their role in providing people with effective, caring and compassionate care and support. There was a ‘keyworker’ system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff were knowledgeable about people’s individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions.

We noted people had signed a number of agreements in their care file to confirm their participation in the care planning process. However, people spoken with could not recall seeing their care plan or participating in reviews.

People were encouraged to express their views as part of daily conversations, residents meetings and satisfaction surveys. The residents’ meetings helped keep people informed of proposed events and gave people the

opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed. People spoken with confirmed they could discuss any issues of their choice.

People said their privacy and dignity were respected. We observed people spending time in the privacy of their own rooms and in different areas of the home. There were policies and procedures for staff about the operation of the service, which covered privacy, dignity and confidentiality. This helped to make sure staff understood how they should respect people’s privacy, dignity and confidentiality in the care setting.

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

We observed staff encouraged people to maintain and build their independence skills, for instance building their domestic skills. We noted there was rehabilitation kitchen where people could learn how to prepare and cook meals and people were supported to clean their own rooms. Throughout the inspection we observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people's choices and opinions.

Information was available for people in the form of a handbook. This set out the aims and objectives and the facilities available in the home and included information about advocacy services. This service could be used when people wanted support and advice from someone other than staff, friends or family members. At the time of the inspection one person had an advocate to act in their best interests as part of a Deprivation of Liberty Safeguard.

Is the service responsive?

Our findings

People spoken with expressed satisfaction with their current service. One person told us, “I love it here, I like all the staff. I think they are very good” and another person commented, “I really like it here. The meals are good and I like going out.”

We looked to see if people received personalised care. In the provider information return (PIR) the owner sent to us, they told us everyone had a person centred support plan. Person-centred care is based on the goals of the individual being supported, as opposed to the goals defined by others involved in their care. We looked at four people’s care files and from this we could see each person had an individual care plan which was underpinned by a series of risk assessments. The plans were split into sections according to people’s needs. The care files also contained a personal profile, which set out people’s past life experiences and the significant people in their life. This provided staff with some insight into their needs, expectations and life experience. The staff told us the plans were difficult to follow and it was not easy to find information. People spoken with were not familiar with their care plans and although there was a record to state the plans had been reviewed it was unclear what aspects of the plan had been reviewed and updated. This meant the plans had limited use as part of daily practice.

We noted an assessment of people’s needs had been carried out before people were admitted to the home. We looked at a completed assessment and found it covered all aspects of the person’s needs. Information was also gathered from health and social care professional staff. People new to the home were invited to visit so they could meet other people and the staff. This process helped to ensure the person’s needs could be met within the home.

From discussions with people living in the home and staff we found there were opportunities for involvement in activities both inside and outside the home. We noted from looking at people’s care files each person had an activity planner, which provided them with structure for the week. We observed people were involved in discussions and decisions about activities, developing skills and accessing community resources. We found activities were arranged

for groups of people or on a one to one basis. During our visit we found people were involved various activities, including, going out for meal, shopping and going to the gym. One person told us they enjoyed gardening at a local historical attraction. They told us, “There is always a lot to occupy my time, I’m never bored and I feel better for it.” People also had responsibilities for some household chores.

We found positive relationships were encouraged and people were being supported as appropriate, to maintain contact with relatives and friends. People spoken with told us of the contact they had with families and the arrangements in place for visits. Staff spoken with told us how they supported people to keep in touch with relatives and friends and access resources within the community.

We looked at how the service managed complaints. People spoken with told us they now had increased confidence about raising issues which concerned them. They said the staff, temporary manager and owner always had time to listen and they felt sure appropriate action would be taken in response to any concerns.

There was a complaints policy in place which set out how complaints would be managed within the service. There was also a complaints procedure which was included in the “Residents’ Handbook.” The procedure stated that complaints would be categorised depending on the level of severity and significance. However, on discussion with the owner, they agreed all complaints should be dealt with in the same manner irrespective of significance and severity. The complaints procedure was therefore updated during the inspection.

We looked at the record of complaints and noted three complaints had been received during the past 12 months. Whilst some actions had been recorded, we found details of the investigations were not available or had not been documented. It was therefore unclear how the issues had been resolved.

We recommend the service seek guidance and advice from a reputable source to develop the care planning process to ensure it is meaningful for people living in the home and the staff.

Is the service well-led?

Our findings

People told us they were happy with the new management arrangements made in the home. One person said “I have no concerns at all now, everything is good.” During our discussions and observations we found the owner and temporary manager had a sound knowledge of the people who lived in the home and of the staff team. We noted people appeared to be relaxed and at ease in the company of the management team.

The service had a manager, who was registered with the Care Quality Commission. However, at the time of the inspection, the registered manager was not working in the home. A temporary manager had been nominated by the provider and they were working alongside the owner to manage and operate the service on a daily basis. During the visit, people living in the home and staff raised some concerns about the previous management of the home. The provider had taken appropriate action and we were informed the issues were due to be investigated. We discussed the key challenges for the service with the owner. They told us they wanted to ensure people received stable and consistent care, build teamwork and staff morale and develop quality monitoring systems. The temporary manager and owner expressed commitment to the ongoing improvement of the service. Information included within the PIR (Provider Information Return) showed us they had identified some matters for development within the next 12 months.

The health and safety advisor had carried out a series of audits to monitor the quality of the environment. We saw monthly checks had been carried out of all areas of the home in order to identify any risks or repairs. From the records seen water temperatures and the fire systems were also checked on a regular basis. Action plans had been developed in the event of any shortfalls and we saw action taken was followed up on the next check.

The owner and temporary manager explained documentation relating to the quality monitoring was not available. The temporary manager had devised a new quality monitoring system and the schedule was displayed in the office. However, we found the system had not been fully implemented. It is important to have a robust quality monitoring system in place to ensure all aspects of the service are checked on a regular basis.

There were systems and processes in place to consult with people living in the home, other stakeholders and staff. The temporary manager operated an ‘open door policy’, which meant arrangements were in place to promote ongoing communication, discussion and openness. People were given the opportunity to complete an annual customer satisfaction questionnaire. The questionnaires were last distributed in March 2015. We looked at the returned questionnaires during the inspection and noted people had made complimentary comments about the service as well as some suggestions for improvement. Staff had also completed a satisfaction questionnaire in March 2015. The results had not been collated at the time of the visit. However, we saw some of the completed questionnaires and noted staff had provided detailed feedback on the service.

Staff spoken with described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties, for instance handover meetings. There were clear lines of accountability and responsibility. If the temporary manager was not present, there was always a member of staff on duty with designated responsibility for the service. Arrangements were in place for the temporary manager and owner to provide on-call back up to the service overnight. This meant staff always had someone to consult with, or ask advice from, in an emergency or difficult situation.

We recommend the service seek guidance and advice from a reputable source in order to develop the quality monitoring systems.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Medication was not managed in a safe and effective way. (Regulation 12 (1) (2) (g)).