Johnston Care Limited

The Lawrence

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 15 September 2016 was unannounced. This meant that the provider did not know we would be visiting. The service was last inspected in July 2013, and at that time was meeting the regulations we inspected.

The Lawrence provides accommodation and personal care for up to 14 people who have a learning disability. There is a small garden area to the front and parking to the rear of the home. It is on a main bus route and close to the M1/M62 link roads. Situated in Wrenthorpe it is only a few minutes journey from the centre of Wakefield and all amenities.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff we spoke with understood the principles and processes of safeguarding. Staff knew how to identify abuse and act to report it to the appropriate authority. Staff said they would be confident to whistle blow [raise concerns about the service, staff practices or provider] if the need ever arose.

Risks to people arising from their health and support needs or the premises were assessed, and plans were in place to minimise them. Risk assessments were regularly reviewed to ensure they met people's current needs. A number of checks were carried out around the service to ensure that the premises and equipment were safe to use.

We saw safety checks and certificates completed within the last twelve months for items that had been serviced and checked such as fire equipment and electrical safety. The service had a programme of redecoration and repair of the premises in place.

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection there had only been six accidents and incidents, however the deputy manager had found a trend to show why one person would have an accident or incident. The deputy manager had reviewed staff rotas to deal with this trend.

There was sufficient staff to provide the support needed and staff knew people's needs well. At the time of inspection 91 hours were funded to provide a 'one to one' service.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers and obtaining a Disclosure and Barring Service (DBS) check before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with

children and vulnerable adults, to help employers make safer recruitment decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults.

People were safely supported to access their medicines. Accurate records were kept of administration, and medicines were securely and safely stored in each person's room.

Staff received training to ensure that they could appropriately support people, and the service used the Care Certificate as the framework for its training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff received support through regular supervisions and appraisals. Staff felt confident to raise any issues or support needs during supervision and found these meetings useful.

Staff understood and applied the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards to ensure that people's rights were protected. Care plans contained evidence of mental capacity assessments and best interest decisions.

People were supported to maintain a healthy diet, and people's dietary needs and preferences were catered for. People had nutrition plans in place.

The service worked with external professionals to support and maintain people's health. Care plans contained evidence of the involvement of GPs, district nurses and other professionals.

Staff treated people with dignity, respect and kindness. Staff knew people well and had a good rapport with people. Staff understood each person's preferences and adhered to these. People and their relatives spoke highly of the care they received.

Procedures were in place to support people to access advocacy services should the need arise. One person using the service was working with an advocate at the time of our inspection.

End of life care plans were in place and provided detail of people's preferences and wishes.

People's care records were person centred. Person centred planning (PCP) provides a way of helping a person plan all aspects of their life and support, focusing on what is important to the person. The care plans contained a life history about the person. People who used the service and staff had a one page profile. A one page profile captures all the important information about a person on a single sheet. Where staff's one page profile showed they had hobbies or interests that matched a person who used the service they were then matched as a key worker for that person.

People had access to a wide range of activities. People decided what they wanted to do each day and staff accompanied them to go shopping, to the seaside or for a pub lunch.

The service had a clear complaints policy that was applied when issues arose. People and their relatives knew how to raise any issues they had. At the time of inspection no one had raised a complaint.

Staff were able to describe the culture and values of the service stating nothing was hidden, and that they felt supported by the registered manager and deputy manager in delivering them.

The registered provider had developed a quality assurance system and gathered information about the

quality of their service from a variety of sources.

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 felt safe and staff knew what to do if they had concerns about abuse.

Risks to people's health, safety and wellbeing were assessed and action taken to reduce the risk.

Medicines were stored securely and administered safely.

There were sufficient numbers of staff to care for people's needs.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people who used the service.

The registered manager had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards [DoLS] and they understood their responsibilities.

Staff obtained consent from people before providing support. People had access to a choice of nutritious food and drink and were supported to access health care when necessary.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity, respect and kindness.

Staff encouraged people to maintain their independence.

People and their relatives spoke highly of the care they received.

The service provided people with information on advocacy services.

Is the service responsive?

Good

The service was responsive.
People's needs were assessed and their care planned. Care plans were individualised. Care was provided which reflected people's changing needs ensuring the delivery of personalised care.

People had access to a wide range of activities, which were tailored to their needs and preferences.

The service had a clear complaints policy, and people and their relatives knew how to raise issues

Is the service well-led?

Good

The service was well-led.

Staff were able to describe the culture and values of the service, and felt supported by the registered manager and the deputy manager in delivering them.

The registered manager, registered provider and the deputy manager monitored the quality of the service provided to ensure standards were maintained.

The registered manager understood their responsibilities in submitting notifications to the Commission.

The Lawrence

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 15 September 2016 and was unannounced. This meant that the provider did not know we would be visiting. The service was last inspected in July 2013, and at that time was meeting the regulations we inspected. At the time of our inspection 13 people were using the service.

The inspection team consisted of one adult social care inspector and one expert 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider was not asked to complete 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 spoke with nine people who lived at the service and three relatives over the telephone. We looked at three care plans, and Medicine Administration Records (MARs) for three people, daily notes and handover sheets. We spoke with five members of staff, including the registered manager, the deputy manager, team leader and care workers. We looked at four staff files, including recruitment records.

We also completed observations around the service, in communal areas and in people's rooms with their permission.

Good

Is the service safe?

Our findings

People said they felt safe at the service. One said, "I feel safe here." Another said, "I like living here and feel safe because of the staff."

From observation staff knew the people who used the service well. Staff had completed training in the safeguarding of adults. The staff members we spoke with were knowledgeable about abuse and the signs they would look for if they suspected someone was being abused. They knew the people living in the service really well and knew how to look for a change in mood or behaviour. They encouraged people to talk about any concerns they might have and they knew to approach the registered manager if they had any concerns. Staff were also familiar with local procedures for reporting concerns. Staff we spoke with said, "Although we are a close team, if I witnessed anything I didn't feel was right or safe for the residents I would have no problem going to report them." Another staff member said, "We have a duty of care, we are not here for staff or management, we are here to look after these guys, if something needs reporting I would have no hesitation to report it."

The registered manager demonstrated that they understood the local authority's safeguarding procedures and records showed that safeguarding concerns were appropriately managed

Staff told us that they felt confident in whistleblowing [telling someone] if they had any worries. Staff told us that they felt able to raise concerns with the registered manager and also knew that they could contact the CQC or the Local Authority if they felt that appropriate action had not been taken.

We reviewed three people's care files and saw that risks to people's safety were identified and risk assessments put in place to guide staff on how best to support the person. Risk assessments were completed by the registered manager, deputy manager or staff and included the person concerned. The assessments outlined the risks and described how support could be provided to minimise the risk. For example one person was at risk of not taking their medication if they were angry, the risk assessment provided full detail of how staff were to approach this person and manage this risk. Another person's risk assessment was around their behaviour when they became anxious for example when out in the community. The risk assessment detailed how staff were to manage this by linking arms when outside as this made the person feel safe and more confident. This meant that all staff were aware of potential risks and how to mitigate them. Risk assessments were reviewed on a monthly basis or more frequently if needed to reflect people's current needs.

The service also promoted positive risk taking. For example, one person who moved into the service wanted to maximise their independence and visit local amenities. At the previous service they were deemed high risk and unable to do this. The deputy manager explained how they worked with this person by slowly reducing the support they provided whilst they were out in the community, for example, full assistance to visual assistance, then assistance from a distance and noting whether the person was confident and able to access the community independently.

Risks to people arising from the premises were assessed and monitored. Fire and general premises risk assessments had been carried out. Required certificates in areas such as gas safety, electrical testing and firefighting equipment were in place. Records confirmed that monthly checks were carried out of emergency lighting, fire doors, water temperatures and window opening restrictors.

There were plans in place if an emergency, such as a fire, happened. The registered provider and staff were clear about what action to take and people living in the home also knew how to get to a safe place. Staff we spoke with confirmed they had received training on fire safety and on using the equipment. One staff member said, "We recently had a cooker incident where the smoke had been enough to set off the alarms, so we carried out a full evacuation and even though we knew it wasn't real everything went okay." We saw evidence of Personal Emergency Evacuation Plans [PEEP] for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as flooding or a fire forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

There were sufficient numbers of staff to care for people's needs. There were three support workers from eight in the morning until eight at night, plus the deputy manager and two or three support workers working on a one to one basis. One member of staff did a waking night shift and one a sleeping night shift. Staff we spoke with said there were enough staff on duty each shift. One staff member we spoke with said, "We all stick together and work as a team so the residents don't experience too much change, that is why we don't use agency workers as it is not fair on them [people who used the service] to get used to new people." A relative we spoke with said, "There always seems enough staff."

The registered provider followed safe recruitment processes to help ensure staff were suitable to work with people living in the service. We saw they had obtained references from previous employers and we saw evidence that a Disclosure and Barring Service (DBS) check had been completed before staff started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. The registered manager said they have introduced the DBS self disclosure where staff had to report any changes in circumstances. The registered provider randomly re applied for 10 percent of staff DBS checks each year. One person who used the service explained that they were involved in interviewing potential new staff saying "I ask questions."

Successful candidates were also asked to complete a chemistry test and had to achieve a certain percentage to continue with final recruitment processes. The chemistry test is an online psychometric tool and identified candidates that are both cultural fit and role fit and whose behaviours best fit the services values.

We saw that any accidents or incidents involving people who lived at the service were recorded. These included information in relation to the type of accident, the person involved, the nature of any injuries and any follow up action taken. Accident and incident reports were collated and analysed monthly to identify any patterns or trends. Although the accidents and incidents were few, six this year so far, the deputy manager explained they had found a trend regarding one person's accidents and incidents. The deputy manager said that during the shift change between two and three pm there was a disruption with staff

coming on shift getting a handover and staff going off shift. One person who used the service struggled with this disruption and this was when accidents and incidents for this person would occur. To prevent this an eight till eight shift was introduced and this worked and reduced the accidents and incidents for this person. This system ensured that steps were taken in response to incidents to reduce the risk of reoccurrences.

People were supported to access their medicines when they needed them. Medicines were stored securely and safely in a locked cabinet in each person's room, and where necessary in a refrigerator. Temperatures were taken daily of each individual locked cupboard to make sure medicines were stored safely and at the correct temperature. A secure cupboard located in the office was used to store controlled drugs, and stocks were accurately recorded. Controlled drugs are medicines that are liable to misuse.

Medicine administration records (MARs) were used to record the medicines a person had been prescribed and recording when they had been administered. These had been accurately completed by staff. The service had protocols for as and when required medicines (PRN) and these were individual to each person, explaining why and how each PRN medicine should be administered.

We observed a lunch time medicine administration and the staff member asked the person if they were happy to take their medicines and explained what the medicines were prescribed for.

Medicines training was up to date and we saw evidence of competency checks which were carried out every six months. The deputy manager completed monthly medicine audits to ensure the policies and procedures of the home were being followed by staff.

We found the service was clean and tidy. Staff had completed training in the prevention and control of infection. Staff were responsible for the cleaning of the service. The registered manager had also recently covered a caring shift and helped with the cleaning. The registered manager said, "I was on shift as an equal and needed to pull my weight with the others, manager or not we are all one team." This helped the registered manager to monitor good hygiene practices were being followed by staff. One relative we spoke with said, "The place is always clean and tidy." There was personal protective equipment available when required such as gloves and aprons. Communal sinks had paper towels and liquid soap, and there were hand wash signs to guide people on good hand hygiene techniques.

Good

Is the service effective?

Our findings

We asked the relatives of people who used the service if they thought the staff had effective training. One relative we spoke with said, "They [staff] seem very well trained."

Staff we spoke with said they were provided with good support with training. One staff member said, "If you want any training that's not on the regular list you can approach the deputy manager and they will let you go if they feel it will help the resident."

Staff we spoke with told us they received training that was relevant to their role. We confirmed from our review of records that staff had completed training which included safeguarding vulnerable adults, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), dignity and respect, equality and diversity, fire safety, food safety, moving and handling, medication, an introduction to autism and learning disabilities and infection prevention and control.

We found that the staff had completed an induction when they were recruited. This had included reviewing the service's policies and procedures and safety aspects for the first two days as well as starting the mandatory training in topics such as manual handling, food safety and safeguarding.. The rest of the first week was used to complete mandatory training and shadow experienced staff. During week two to week 12 staff completed specialised training for example autism awareness and introduction to learning disabilities.

The service had introduced the Care Certificate as the basis of its training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. All new staff were enrolled on the Care Certificate, and the registered provider was in the process of setting up the Care Certificate for all staff members.

Staff were supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff received supervision every two months and during this supervision items discussed were professional development, training, time keeping and team work. Staff also had a yearly appraisal every January. For the appraisal stall completed a self-assessment on how they thought they had performed in the past year. Then both the staff member and the person carrying out the appraisal would do a summary on how the appraisal had gone. Staff we spoke with found the supervisions and appraisals useful. One staff member said, "They [supervisions] are very good and I feel supported." Another staff member found the supervisions and appraisals useful saying, "I want a career in the business, I don't want to just stay as a carer I would like to work my way up." And another staff member said, "I feel there are lots of opportunities for me to progress up the career ladder, I feel confident I can move up in this organisation."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection, three people were subject to DoLS authorisations. The registered manager maintained a matrix of people's DoLS status, which allowed them to monitor the status of authorisations and progress of applications when they needed to be reapplied for. Staff demonstrated a good working knowledge of the principles of the MCA. One staff member said, "This is if someone is at risk to themselves or others and is unable to make a judgement." Another staff member said, "DoLS is linked with mental capacity and we have to follow strict processes and apply to put a DoLS in place, an advocate may be involved as well."

People were complimentary about the food on offer. One person we spoke with said, "The food is pretty good in here, we have cake and allsorts." A relative we spoke with said, "The food seems good."

People were supported to maintain a healthy diet. Where necessary people were regularly weighed and food and fluid charts were used to monitor their nutritional health. Appropriate referrals were made to dieticians and the speech and language therapy (SALT) team. There was a clear record in people's care plans of any special dietary needs. For example one person required their food cutting up into small pieces at a size of 10mm. Another person used a thickening agent for their drinks and the consistency was fully documented with a risk assessment around eating such as staff were to always be present. We observed that staff were always present. There was also advice on suitable food stuffs to meet this person's specific needs.

We observed a lunchtime meal for the people who chose to stay in the service. About five people were going out for lunch to a pub in Pontefract. For the people who stayed the ambiance was homely and relaxed. People who used the service could eat when and where they wanted. Staff were aware of any special dietary requirements. People were offered drinks and there was conversation between the diners and staff. Staff wore plastic gloves and aprons to service the food. When all the food had been served staff moved around the dining room asking people if their meal was nice and providing encouragement where needed but not forcing or rushing, everyone was allowed as much time as they wanted. The food was well received. Staff sat with people whilst they ate their meal. On the day of inspection people were having egg on toast for lunch and chicken casserole for their evening meal. We asked if people had choice and what would happen if a person did not want what was on offer. One staff member we spoke with said, "The people choose the food themselves at their meetings, therefore we know what they want and like, but they can have anything they want." A person who used the service said, "I always like what we have, I can have anything."

On the day of inspection we observed staff offering food regularly to one person who we were told had a very little appetite. We observed the person was offered different foods, in different ways such as in bowls, cups or plates. One staff member said, "It is to try and tempt them."

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, the district nurse, dieticians and speech and language therapist. This helped to ensure people continually received the most effective care to meet their needs.

People we spoke with were happy with the service and their rooms. One person said, "I like it here my

bedroom is very big." Another person said, "I have a new bed it's a big bed." And another person said, "My bedroom is pink, I like pink."

The service had recently had a damp proof course installed and once this had dried were planning a full redecoration programme. We discussed the need for more dementia friendly signage and the registered manager said this was planned. The exterior of the property had old furniture and wood piled up outside. We questioned why this was there and the registered manager explained that a skip was being ordered to remove this. During the inspection we observed care staff and maintenance staff smoking just outside the front door, even though there was a smoking shelter provided. The smoke was coming in through the front door into the lounge area. We discussed this with the registered manager who said they would make sure staff used the smoking shelter and cleaned discarded cigarette ends up. The service was also looking at ways they could install a lift; although people were fine with the stairs at present the registered manager was aware that people could find these difficult in the future.

Good

Is the service caring?

Our findings

People who used the service spoke positively and warmly about their relationships with staff in the service. People said, "They [the staff] are very kind and considerate." Another person said, "The staff are great." A relative we spoke with said, "The staff are very good, they treat them [people who used the service] with respect and are caring." Another relative said, "The staff are incredibly kind and they always seem pleasant and respectable." And "The staff are marvellous even when [person's name] has not been well and their behaviour deteriorated, the staff fought to keep them at the service as the move would probably finish them off."

One relative we spoke with said, "It is a good atmosphere, it is like sitting in your own front room, they make it homely, not a home, my relative is happy here."

Staff clearly enjoyed working at the service. Staff we spoke with said, "My job is rewarding, when I go home I feel good that they [people who used the service] are happy and safe." Another staff member said, "Working here is my life, I have worked here for four years and we are like a big family both staff and residents." And another staff member said, "I love working with people, some people say I don't know how you do it, you must be special, but I don't think that, it doesn't make sense, I love my work."

The registered manager and staff we spoke with, knew people well and spoke fondly of people living in the home. We observed the registered manager and staff engaging with people in a kind and encouraging manner. There was lots of laughter and the atmosphere was very family orientated. One staff member said, "We have a good banter."

Staff clearly cared for people and prompted people to carry out tasks for themselves to maintain and increase their independence. One person we spoke with said, "I can do things myself although they [staff] will help if you ask." A staff member we spoke with said, "We give choice and offer to help them with anything they want us to but we don't try to deskill them."

The deputy manager said, "The service offers 24 hours a day specialist residential support and is committed to providing just enough support to empower and encourage individuals to develop the skills they need to live as independently as possible and achieve positive outcomes for all. The service is also supported by a quality assurance team including a specialist Learning Disability Advisor whose aim is to empower service users to take control of their lives, and where possible, work towards a level of independence which fits with their skills, confidence and aspirations."

We saw that staff were courteous towards people who lived at the service, knocking on bedroom doors prior to entering and dealing with any personal care needs sensitively and discreetly in a way that respected the person's privacy and dignity. One person we spoke with said, "They [staff] maintain my privacy and dignity."

Meetings for people who used the service called 'Your Voice' meetings took place monthly. Topics discussed at these meetings were activities, the last meeting discussed Christmas, the last meeting also took place

whilst everyone was on holiday so they discussed day trips and what people would like to do whilst they were on holiday. People who used the service stated what extra support they needed from staff and one person wanted support to lose weight. There was also a 'Service User Regional Forum,' this was where one person from each service within the group attended a meeting every six month. At these meetings they talked about good things that had happened such as a pantomime, a Butlin's holiday and a summer barbeque. They also discussed things that needed to change and people had made suggestions for the service where they lived such as new sofas and smoking shelters. This meant that people had a voice in how their service was run or changes they wanted to make.

Two people using the service had an advocate in place. Advocates help to ensure that people's views and preferences are heard. Staff were able to tell us how they would arrange an advocate should one be needed.

Plans were in place to begin End of Life care for some people at the service. Care records contained detail of each person's wishes and preferences, so they were prepared in advance.

Good

Is the service responsive?

Our findings

We looked at three people's care plans; each plan contained guidance for staff to ensure people received the support they required consistently and in line with their preferences. The care files we looked at were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person. The files had information stating their people's current and long term goals and what a good day and a bad day looked like. For example a good day for one person was going to the shops and talking about sport, a bad day would be if their television would not work.

The care plans also documented people's likes and dislikes. For example, one person liked to go out for pub lunches and disliked raised voices and feeling rushed. The care plans we saw covered all aspects of people's care and support needs including personal hygiene, physical well-being, diet, weight, sight, hearing, falls, medicines and personal safety and risk. The care plans included key worker meeting notes these, meetings took place monthly with the person and their key worker. These meeting notes recorded what was discussed, what was decided and actions to follow up on.

Care was tailored around the person, for example one person preferred to sleep during the day and be awake at night. This was due to the person liking the quietness of the night and not always enjoying socialising with people. The care plan explained all the person's preferences and how staff were to address them.

Each care plan also contained a communication dictionary which stated how the person appeared to say yes or no, how they showed they felt unwell or uncomfortable and how they showed they felt bored or happy.

People's care records began with an 'All about me' section. This contained information about the person's life history and things that were important to them, such as particular events or family information. This allowed staff who had not supported the person before to familiarise themselves with that person's personal preferences. The care plans also contained a one page profile. A one-page profile captures all the important information about a person on a single sheet of paper under three simple headings: what people appreciate about me, what's important to me and how best to support me. Staff also completed one page profiles this supported people to get to know staff as the person rather than the job title. Staff one page profiles also provided information which matched them to a person. For example, one person who used the service wanted to learn to play the guitar and a staff one page profile showed the staff member played the guitar. This staff member was teaching the person to play the guitar.

Care plans were reviewed on a monthly basis to ensure they reflected people's current needs and preferences. Daily notes were used to assist staff coming onto shift to familiarise themselves with any developments that had occurred that day. These contained detailed and comprehensive updates on people.

One person who used the service wanted to show us their care plan and they seemed very proud of it.

Another person that used the service said, "I can talk with staff about things that are important to me." A relative we spoke with said, " They [staff] involve and inform us about everything, I could not make the last care plan meeting but another relative came."

We asked people and their relatives if there were enough activities taking place. One person we spoke with said, "We are always doing something, we go all over, the seaside, everywhere." Another person said, "We don't have activities every day." And another person said, "I do writing every day, I like my books and like to do my work." A staff member explained they prepared sums and writing for this person as they felt they needed to do homework and used this time as 'quiet time'.

We were told by both staff and the people that used the service, that they went out in the community daily. People suggested places and activities they wanted to go to and were either driven in the services van, went on a bus or walked. Some people preferred and were able to go out on their own.

People spoke of trips they had been on, one person went to see Abba the musical at London and another person went to see the tennis at Wimbledon. One person said it was their birthday coming up and they had chosen to go to Whitby for the day with a member of staff of their choice. They said, "I am having cake and I am taking money with me to spend in the shops, I love shopping and buying things."

On the day of inspection people who wanted went on a trip to Pontefract and for a pub lunch. People stated they had really enjoyed this, one person said, "I had steak pie, chips and peas and a pint of lager, it was great." Another person said, "I had jacket potato, beans and salad, and a pint of Guinness, I like to eat healthy."

One person we spoke with said, "I love living here, we get out and do things, we also do colouring and play games like Ludo." Another person said, "I am just going to relax and watch the television tonight."

Whilst the service was installing a damp proof course in the premises, the deputy manager took this opportunity to take everyone on holiday to a big barn conversion. Everyone we spoke with stated that they had really enjoyed this time. One person said, "I enjoyed my holiday in the big house it was good, we went out for drinks."

There were lots of photographs around the service of activities people had participated in such as visits to the zoo.

One person had recently transferred to this service from another service in the group. The person had settled in really well and said, "I didn't like the home I was in and I asked to be moved here and they said yes."

We asked people who used the service and their relatives if they had ever had to complain and if they knew how to complain. Everyone we spoke with said they knew how to and the majority of people said they would just talk to staff. One person said, "I have never wanted to complain." A relative we spoke with said, "I have never wanted to complaint, I have never felt I had to." Another relative said, "I can talk to [deputy manager's name] anytime, she allows me the time, I feel confident that things will change if I had an issue."

The service had a complaints policy and procedure which detailed timescales for acknowledgement and investigation. It also provided information of who to escalate complaints to should the person remain unsatisfied following an internal investigation. The service had not received any complaints.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since July 2013. The registered manager was also registered at another service in the registered providers group and the deputy manager was in charge of the day to day running of The Lawrence.

People who used the service and their relatives were complimentary about the registered manager, the deputy manager and staff. Everyone knew who the registered manager and deputy manager were and felt they were approachable. People we spoke with said, "I like [name] she is my key worker." Another person said, "[deputy manager] is the best." A relative we spoke with said, "They always keep you informed and they give you time."

We asked staff what they thought of the registered manager and if they felt supported. Staff we spoke with said, "I feel listened to and can have open conversations with the manager." Another staff member said, "[Deputy manager] is very good and supportive." And another staff member said, "We all stick together as one team so the residents don't experience too much change, that is why we don't use agency staff as it is not fair on them [people who used the service] to have to get used to new people."

A written objective of the service was, 'We're committed to developing and providing services which ensure that the individual is at the very centre of everything we do.' We asked staff to describe the culture and values of the service. One staff member said, "We have an open and honest culture, nothing is hidden." Another staff member said, "We and the service valued teamwork, this is their home and their interests come first."

The deputy manager said, "We strongly believe we provide a good service at the Lawrence and feedback we receive from relatives of our service users evidences this, I think one of our greatest achievements is being able to sustain a terminally ill service user. We have been able to maintain their placement at The Lawrence which has been their home for many years rather than moving to a palliative cancer unit."

The deputy manager said, "The Lawrence offers support for service users with a range of learning disabilities. We aim to provide a safe and homely environment where all individuals can make choices about the support they receive. Each individual is involved in creating their own person centred plan, which is tailored to suit individual needs and provide the correct level of support required."

The deputy manager had been nominated for a recognition award with the National Learning disability and Autism award and they got through to the final. This was due to going above and beyond.

The registered manager and registered provider carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The deputy manager carried out

daily, weekly and monthly checks of areas including medication, health and safety, staffing levels, infection control and falls analysis. The registered provider carried out a monthly audit of the service called 'The registered provider monitoring visit.' This visit reviewed the environment, complaints, supervisions, training, risk assessments, menus, accident and incidents and community participation. An action plan was produced if anything needed addressing and these action plans were reviewed before starting the next monthly audit.

Feedback was sought from people and their relatives through annual questionnaires. Relatives we spoke with said, "We get questionnaires through the post." Another relative said, "Yes I have done a couple of surveys." All the questionnaires from relatives were positive. People who used the service had requested to do things or have certain items in their questionnaire responses. For example one person asked to have a fridge freezer in their room. We saw evidence that they had received a fridge with a freezer compartment. Another person requested to go to the pub more often; the deputy manager sat with this person to talk about this and found they really wanted to drink more when they were at the pub. The deputy manager involved the GP with this decision and the outcome was satisfactory to everyone. This meant that people's views and requests were taken into account and acted upon.

We asked what links the service had with the community. The deputy manager said, "We have several links to the local community, we have good relationships with owners of the local shop, cafe bar, garden centre and the village hall where they have regular concerts. We also have very good relationships with the local pub owners, this was evident when unfortunately we lost a service user in February. Our local pub provided the wake free of charge as they were a regular and all staff and regulars in the club thought they were a lovely person and used to look forward to their weekly visits."

The registered manager and deputy manager were a visible presence around the service. The registered manager worked some care shifts to cover staff leave and absences. The registered manager explained this was to keep consistency for the people who used the service and not to bring strangers into their home.

Staff meetings took place monthly and topics discussed were medicines, training, the people who used the service, cleaning and record keeping. Staff we spoke with thought the meetings were useful and informative. Managers also attending meetings where topics discussed were costs, budgets and staffing levels.

We asked for a variety of records and documents during our inspection. We found these were very well maintained, easily accessible and stored securely. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Staff had access to policies and procedures to help them understand their responsibilities with regards to different aspects of the care and support provided. These policies included a complaints policy, safeguarding policy and policies with regards to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.