

Real Life Options

Real Life Options - Lawrence House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lawrence House is a residential care home providing personal care to people with learning and/or physical disabilities. The service can support up to six people but at the time of the inspection, five people were using the service.

The care home accommodates people in one adapted bungalow.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The administration and management of medicines required improvement. We found one person had not received their medicines as prescribed on one day and a second person had received out of date medicine. The systems in place to manage risks associated with people's care needs did not always provide staff with information to manage those risks.

The provider's governance systems to check the quality of the service provided for people were not consistently effective and required improvement.

People using the service at the time of the inspection could not always tell us about their experiences. However, whilst on site, we saw positive interactions between people and staff and people looked comfortable with the way they were being supported. Relatives we spoke with gave us good feedback on the service and the way the staff supported their family members to remain safe.

There were enough suitably recruited staff on duty to meet people's needs and to keep people safe. The provider worked well with external health and social care professionals and people were supported to access these services when they needed them to ensure their health was maintained. Staff received training which helped them to deliver personalised care. People were supported by kind and caring staff. Staff encouraged people's independence, protected their privacy and treated them with dignity.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported by staff who knew their preferences. Complaints made since the last inspection had been investigated and families knew who to contact if they had any concerns. Relatives and staff were happy with the way the service was being led and there was a clear culture amongst the staff team in providing high quality person-centred care.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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 overall good (published 04 March 2017).

Why we inspected

This inspection was planned as part of our inspection programme.

Enforcement

At this inspection we have identified one breach of the Health and Social Care Act 2008 (Regulated Activities 2014) around governance. Full information about CQC's regulatory response is at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not consistently well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced on the 07 August, announced on the 08 August 2019. The home was being redecorated and we were unable to speak with staff; a third, short, unannounced visit also took place on the 15 August 2019.

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. The provider was not asked to complete a provider information return for this location prior to the inspection. This is information we

require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who lived at the home and two relatives about their experience of the care provided. We also spoke with seven staff members, that included the registered manager, the care co-ordinator and support workers.

We reviewed a range of records. This included four people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This means some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

- We found one person had not received their medication as prescribed. For example, the medicine was prescribed to be administered every Monday and Thursday. However, it had not been administered on Monday 05 August 2019.
- A second person had been administered out of date medicine. For example, Risperdal had been dispensed from the pharmacist on 25 January 2019 and opened on 23 March 2019. The final dose from that bottle had been administered and discarded on the 07 August 2019. The medicine should have been discarded by 23 July 2019. This meant the person had been receiving medicine that may have lost some of its effectiveness because it was out of date. Although the people affected had not come to any harm, there was improvement to be made in monitoring the administration of people's medication.
- Some people required medication 'as and when' or in emergencies. There were protocols in place to support staff on the signs to look out for that could indicate people were becoming unwell and required their 'as and when' medicine.
- Medicines were stored safely.
- We saw managers carried out checks on staff's competence in giving medication.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt the home was a safe place to be. One relative said, "They [staff] can't do anymore than what they do already, I'm more than happy with the care [person] receives."
- Staff received training in how to recognise possible abuse and knew how to report concerns.

Assessing risk, safety monitoring and management

- Staff had a good understanding of the risks to people and we saw they took care to keep people safe. For example, we saw one person wearing head protection because they were subject to regular seizures and had fallen in the past and banged their head.
- There was guidance for staff on how to manage risks; for example, one person had epilepsy and there was guidance for staff on how to manage risks to the person safely.
- The service carried out checks on fire safety and the environment to make sure people were safe.

Staffing and recruitment

- We saw there were sufficient staff available to support people and enable them to go out and take part in activities. Records showed that staffing levels were changed if people had appointments or trips planned. For example, at the time of our inspection, the home was being re-decorated and additional staff were

brought in to take people out for the day.

- Checks were carried out on staff before they started work in the home to make sure they were suitable to work with people.

Preventing and controlling infection

- The home was clean and free from any unpleasant smells.
- Staff had received training for infection control and used appropriate personal protective clothing when required.

Learning lessons when things go wrong

- The registered manager reviewed incident and accident records to make sure appropriate action was taken to mitigate the risk of future reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to admission. People's protected characteristics under the Equalities Act 2010 were identified as part of their needs' assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity, disability and sexual orientation.
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements.
- The service re-assessed people following any hospital stays or changes in support needs to make sure care plans were up to date.

Staff support: induction, training, skills and experience

- Relatives told us they were confident staff had the right level of experience and knowledge. One relative said, "Lawrence House is a lovely place with lovely staff that look after [person]."
- Staff we spoke with told us they found their training to be beneficial to their development. Staff also told us they received support from the management team that included appraisals and regular supervision.
- There were training plans in place to ensure staff received up to date training.

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

- We saw people were encouraged to have a say in menu planning for the week and specific diets were catered for at mealtimes.
- Appropriate referrals had been made to health care professionals if there were concerns about a person's food intake or ability to swallow safely.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services when required to promote their health and well-being.
- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs.
- Relatives spoken with confirmed their family members had access to healthcare professionals when needed to maintain and improve people's health.

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

- The environment had been adapted to meet people's needs; for example, there were no steps or stairs so people could move around the home safely.

- At the time of our inspection, the home was being redecorated with plans to refurbish the whole property.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw the service had applied for DoLS where appropriate and were waiting for some of these to be authorised by the local authority. Where people did not have the capacity to make some decisions, the service had organised meetings to ensure decisions were taken in people's best interests.
- Staff understood the importance of giving people choice and asking for their consent. Staff had also received training so they understood the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed staff treating people with patience, humour and respect.
- Relatives told us they were happy with the way care and support was delivered. One relative told us, "I am assured [person] is happy here (at Lawrence House) the staff are lovely people."
- Staff told us how much they enjoyed working with people and how they wanted to make sure people were well looked after.

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

- People were supported to make choices about everyday life in the home as much as possible. For example, we saw people making choices about how they wanted to spend their day.
- Staff told us they would always do their best to involve people in decisions about their care and understood how people would make choices if they had limited verbal communication.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they respected people's privacy and we saw people could spend time on their own if they so wished.
- Care plans were individualised to make sure people were supported to do things for themselves where possible.
- Staff explained to us how they encouraged people to try and do some tasks for themselves to maintain some level of independence. For example, helping to load a washing machine and helping to make snacks and drinks.
- People's dignity and privacy was respected
- People were supported to maintain and develop relationships with those close to them.
- Relatives told us they were free to visit anytime and always made to feel welcome.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised and reflected people's likes and dislikes.
- People were supported by consistent staff who knew them well and were knowledgeable about people's care and support needs.
- Staff knew how to communicate with people and ensured they used their knowledge about people when providing choices.
- Relatives we spoke with told us they were included in discussions about the level of support being provided to their family member and if they met their family member's needs.
- People's spiritual and cultural needs were respected. For example, culturally appropriate food was available to meet people's individual needs.
- The service was organised to meet people's needs; for example, staff worked all day shifts which meant people could go out for the day and not have to return home for staff shift handover.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service ensured information was displayed and given to people in an accessible way. For example, care plans were in an easy read format to encourage people to be involved in the review and development of their care and support.

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

- People and staff met each week to help people choose what activities they wanted to do.
- There was an emphasis on the provision of activities that were meaningful to the people living at the service. People and relatives told us they were happy with how they spent their time. For example, one person we spoke with told us how much they had enjoyed a film they had seen and that they liked the music.
- There were opportunities for people to attend religious services should they wish.

Improving care quality in response to complaints or concerns

- There was an easy read complaints policy in place for people and relatives we spoke with knew who to go

to if there had any complaints. One relative said, "I have no concerns at all, [person] is very happy and if they're happy, I'm happy."

- The service had a complaints process in place to monitor for trends to reduce risk of reoccurrence.

End of life care and support

- Although there was no one receiving end of life care (EOL), the service had appropriate processes in place to ensure people would be supported in a dignified, personal and sensitive way.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management was not always consistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- We found there were governance systems to support the service. However, there was a lack of management oversight to ensure the medicine audits were robust and the systems to monitor the administration of medicines required some improvement. We noted at our inspection on 08 August 2019 there was an overstock of pain relief medication for one person. There were missing tablets for two people that could not be accounted for. One person's emergency medicine was regularly taken out with the person, when they left the home, but there was no sign in/out sheet for staff to complete as detailed within the provider's protocol. There was no carry forward process for boxed medication and it was difficult to determine actual amounts of some medication in stock. Stock rotation of medicines required improvement because new stock of medicines were opened and used before the older stock. We saw two bottles of the same medicine had been opened at the same time. It is good practice to write the date of opening medicines on packaging to ensure they are used within their shelf life. We found one, opened and undated bottle of medicine was in use and had the potential to be out of date. Daily checks had not identified one person's medication had been missed on one occasion. Audits had failed to identify a second medicine was out of date and had been administered to the person. People had not come to any harm and the provider took immediate action. We discussed the discrepancies we found, at length, with the registered manager and care co-ordinator.

This was a breach of Regulation 17 good governance. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw evidence that where some issues were found, action was taken to ensure improvements were made.
- The registered manager told us they promoted an open culture where staff could talk about their roles and issues that might be affecting their well-being. One staff member told us, "[Registered manager] is a fair manager and I have never had any issues with her. She is firm but fair." Another staff member said, "[Registered manager] is a good manager but communication could be improved, we don't always get notice of what is happening such as people's appointments or where she is."

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

- Relatives and staff were happy with the way the service was being led and managed.
- Staff felt supported and told us the registered manager was approachable. One member of staff said, "I

do get chance to have supervision and [registered manager] will listen to what I have to say."

- The registered manager had a vision and strong values about how the service supported people and was committed to providing individualised care and support to people.
- Staff we spoke with demonstrated they were motivated and shared the enthusiasm of the registered manager.

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

- The provider had notified relatives, the local authority and CQC of any incidents as they are required to do so.
- We found the registered manager to be open throughout the inspection about what the service does well and what needed further improvement. The rating from the last inspection was on display in the home for relatives and visitors to see.

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

- People were supported to have their say in the day to day running of the home through regular meetings with the staff.
- Relatives told us the service kept in regular contact and the registered manager was always available and approachable if they wanted to ask anything.
- Staff told us they felt listened to and their suggestions for improvements were valued.

Continuous learning and improving care; Working in partnership with others

- The service had worked in partnership with other health care organisations for people's benefit. For example, we saw evidence in people's care plans of the provider working with the district nurses, the local GP and community health teams.
- The management team displayed a commitment to improving care and support where possible.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems to monitor the administration of medicines safely required some improvement.