

# Telford & Wrekin Council

## Lakewood Court

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 15 March 2016. At our last inspection visit in September 2013, the provider was meeting the regulations we looked at. Lakewood Court is a care home which provides accommodation and personal care for up to 16 people with learning disabilities or autistic spectrum disorder. Lakewood Court was previously known as Downing House but has recently changed its name. At the time of our inspection 16 people lived at the home.

There was a registered manager in post at the time of our inspection. 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.

People told us they felt safe in the home. Staff we spoke with were aware of their responsibilities to keep people safe and report any concerns of potential abuse. The provider had systems in place that kept people safe and protected them from the risk of harm. People's individual risks were assessed and staff knew how to support people safely when providing care. People received their medicines as prescribed and these were stored and managed safely.

There were sufficient numbers of staff available to meet people's individual needs. The provider had recruitment processes in place which ensured staff had the appropriate checks completed before they began working in the home. People were kept safe by staff that had the skills and knowledge to support their needs. Staff understood the need to gain people's consent to care before providing any support or assistance.

People enjoyed their food and had choices regarding their meals. People were supported to access health and social care professionals to meet their care and health needs. People told us staff were kind and caring and said that they received care from a consistent staff group. People felt involved in their day to day choices and were supported to maintain their independence. People's dignity and privacy was respected by staff.

People and their relatives were involved in developing care plans and people received care that met their needs. People told us they were happy living at the home and took part in a number of different activities. People and relatives knew how to raise any concerns and were confident any issues would be addressed. The provider had a clear complaints procedure in place and information was clearly displayed within the home.

People and staff told us the home was well managed and the management team were approachable and supportive. The provider had systems in place to listen to people's views and provided regular feedback. Regular checks were completed to review and monitor the quality of the care that people received.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm by staff who knew how to keep them safe. Risks to people were assessed and managed. There were sufficient staff recruited to provide people with the appropriate care and support. People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People received the care and support they required from staff that had the skills and knowledge to meet people's needs. People were supported to make their own choices and decisions. Staff understood their responsibilities to protect people's rights. People were supported to have enough food and drink and staff were aware of people's individual nutritional requirements. People had access to healthcare professionals to meet their health needs.

### Is the service caring?

Good ●

The service was caring.

People received care that met their needs from staff that were kind and caring. People's views and preferences were respected by staff and staff ensured people's dignity was maintained. People were involved in making decisions about their daily lives and were supported to maintain relationships that were important to them.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were appropriately assessed and people received the support and care they required. People were supported by staff to pursue their interests and hobbies. People and their relatives had the information they needed to raise concerns or complaints if they needed to.

## Is the service well-led?

Good 

The service was well-led.

People and their relatives were enabled to share their views and experiences of the service. There were systems in place to monitor the quality of the home and where issues had been identified actions had been taken to address concerns. Staff were aware of their roles and responsibilities and felt supported by the management team.

# Lakewood Court

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 15 March 2016 and was unannounced. The inspection was conducted by one inspector.

As part of the inspection we looked at the information we held about the home. This included notifications received from the provider about safeguarding alerts, accidents and incidents which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. This information is used to help plan the inspection.

During our inspection we spoke with two people who lived at the home, seven members of staff and the registered manager. We also spoke with one social care professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records for three people to see how their care was planned and looked at three people's medicine records. We also looked at staff records and records to monitor the quality and management of the home, including safeguarding and care audits.

# Is the service safe?

## Our findings

People told us they thought the service was safe. One person said, "Yes I feel safe here."

We saw people were confident to approach staff and the registered manager if anything concerned them and saw staff spent time with people to reassure them if they were worried about something. Staff we spoke with were able to tell us what they understood by keeping people safe; they were able to explain the different types of potential abuse and how they would respond to protect people from the risk of harm. We asked staff how they would protect people who could not verbally communicate with others. One member of staff said, "Observing people's behaviours you can tell if people are happy. Also people communicate by using gestures or body language."

Staff told us they were confident the manager would take action if any concerns were raised. They explained if they felt appropriate action was not being taken they would report concerns to CQC or the police. We looked at records and saw where incidents had occurred concerning people's safety the registered manager had completed notifications to CQC. Records showed that staff had followed the provider's procedure to protect people from the risk of abuse.

Staff we spoke with told us they understood how to support people where there were risks identified. We saw the ways in which staff supported people to manage known risks that people may present to themselves. For example, we observed a member of staff supporting a person with their meal who was at risk of choking. We looked at people's risk assessments and saw that risks to people had been appropriately assessed, for example one person was at risk of seizures. There was detailed information and instructions for staff to follow including emergency protocols for staff to use if required.

Where people had incidents, accidents or falls we saw that these were recorded and reported appropriately by staff members. We looked at records and saw information was analysed by the registered manager and the provider. We saw action was taken when required. For example, referral to an external healthcare professional or increased monitoring to reduce risks of falls.

People told us they were not left waiting for assistance. One person told us, "Enough staff I don't have to wait." One member of staff said, "I think there are enough staff to support people's needs." We observed people's needs were met in a timely manner and saw that people were not left waiting for long periods of time for personal care or for support. During the inspection, we observed staff were able to spend time with people supporting their different interests such as taking people out to various activities. We saw that there were sufficient numbers of staff on duty to assist people with their care and support needs throughout the day.

Staff we spoke with said they had worked at the home for a number of years but confirmed they had completed a range of pre-employment checks, for example Disclosure and Barring checks (DBS). DBS checks include criminal and barring checks to help employers reduce the risk of employing unsuitable staff. We saw that the provider had systems in place to ensure staff were recruited with the right skills and knowledge to support the people living at the home.

We looked to see whether medicines were managed safely. One person told us, "I have my medicines." We sampled three Medicine Administration Records (MAR) and saw these were completed accurately. There were people living at the home who required medicines 'as and when required'. Protocols were in place to help staff identify when to give these medicines and we saw staff had recorded when these medicines had been given to people to manage their health needs. We looked at the systems used to manage and store people's medicines and found the provider was doing this safely. Staff who gave medicines told us that they had received appropriate training and their competency to administer medicines had been checked by their manager.

## Is the service effective?

### Our findings

People told us they were happy with the care they received and considered the staff to be well trained. One person said, "I like it here they [staff] know me and they know what they are doing." Staff we spoke with said they felt confident in their job roles and had the necessary skills to support the people living at the home. They said that they felt supported by the registered manager and had received training that enabled them to perform their roles. Staff told us they had their competencies tested to ensure they were confident to undertake specific tasks. For example, administering medicines. They said they received on-going training and had one to one meetings with their manager who supported them to do their job. The majority of staff had worked at the home for some time; however they said when they started in their roles they completed an induction to get to know the people who were living at the home and to ensure that they understood their responsibilities within their job role. One agency member of staff who was working at the home on the day of the inspection told us they had completed an induction to ensure they understood people's care needs. They also were made aware of the processes used within the home such as reporting incidents before working with people un-supervised.

People we spoke with told us staff sought their consent before offering care and support. Staff were able to explain to us how people who did not use words to communicate agreed to or refused care. One member of staff said, "I always wait for a person to consent before providing care. Some people will use gestures or their eyes to let me know if they agree or not." Staff told us they were aware of the different communication methods people used and allowed time for people to make choices. During the inspection we saw staff seeking consent from people and waiting for people to agree before providing any care or support.

The Mental Capacity Act (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. We checked whether the service was working within the principles of the MCA and found that it was.

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). Although there were no current DoLS authorisations in place we found that the registered manager had an understanding of the procedures to follow to ensure people's rights were protected. Staff we spoke with had received training in MCA and DoLS and were able to explain how they protected people's rights and choices.

People told us they liked the food and were offered choices about the meals they had. One person said, "I like the food it's nice." We observed mealtime and saw it was a pleasant experience with people not being rushed to eat their meals. People had a choice of where to eat their meal and we saw people and staff sat together talking and laughing. Where people required encouragement with eating and drinking staff did this discreetly. Staff we spoke with told us about the food people liked or disliked and who may be at risk of



choking. Staff shared with us examples of people who had specific dietary requirements and how those needs were met.

People were supported to see the doctor and other healthcare professionals when required. We looked at people's healthcare records and saw that referrals were made to healthcare professionals promptly where concerns had been identified. Guidance given by healthcare professionals such as the Speech and Language Team (SALT) was recorded in people's health care records for staff to refer to. We saw that staff worked closely with health and social care professionals to ensure people's health needs were being met. One health and social care professional we spoke with confirmed that staff were "very responsive to people's health and social needs."

## Is the service caring?

### Our findings

People told us staff were kind and caring. One person said, "[Staff] are very nice and kind." We observed staff communicated with people in a kind and compassionate manner. Some people were able to talk with staff and explain what they wanted or how they were feeling. Other people required staff to interpret and understand their communication style. We saw staff took time with people to understand what people wanted or what support they required. We saw staff looked for visual and emotional signs to understand a person's needs. One member of staff said, "I can tell from facial expressions what is wrong." One person told us staff spent time with them discussing their plans for the day. They said they felt fully involved in their care and staff listened to them as well as respecting their views and wishes.

Staff told us they operated a key worker system which ensured people received continuity of care and provided a point of contact for families. During our conversations with staff they demonstrated they had a detailed understanding of people's individual needs, likes and dislikes. Staff said that they worked closely with people and their families to ensure they cared for people in a personal way.

We saw that staff respected and supported people's daily choices. One person told us they chose what time they got up and went to bed. Another person told us staff supported them to choose what clothes they wore. Two people showed us their rooms and we saw that they were decorated to reflect their interests and personal tastes, and had various personal effects. One person told us, "Like my room very much."

We saw that people had access to independent advocacy services and information was displayed within the home. We saw from records an advocate was used to support a person who recently moved into the home. They worked with the person to support them during their move to ensure it went smoothly. Advocates are people who are independent and support people to make and communicate their views and wishes.

People told us they were supported to maintain their independence as much as possible. For example, we saw people had the appropriate cups to support them to drink independently. One person told us they made their own lunch with support from the staff. People told us and we saw dignity and privacy was promoted and respected by staff. For example, we saw that staff placed signs on people's doors to ensure no one entered while personal care was being carried out. Staff we spoke with told us they took time with people and worked with people at their own pace and never rushed people's care. We observed staff speak respectfully to people and other members of staff when discussing a person's care or support needs.

People were supported to maintain relationships with family members and friends. Staff we spoke with said relatives and friends were welcomed at the home and there were no restrictions when visiting people.

## Is the service responsive?

### Our findings

People we spoke with told us they received the care and support that they wanted from the staff at the home. We saw that where people required support or assistance from staff; staff responded by either meeting the request or referring to a more senior member of the team for further action. For example, arranging a healthcare appointment or obtaining further advice. Staff told us that they shared information with other members of staff if they recognised any changes or concerns about a person's well-being. They told us information was shared with staff at the end of their shifts to ensure staff that were starting their shift had the most up to date information. Staff told us they also had a communication book so appointments and reminders were available for all staff to refer to.

We looked at the care records for three people and saw people's preferences and choices had been taken into account in planning their care. For example; how people preferred their personal care to be provided and their daily routines. We saw records had been updated regularly to reflect people's current care needs. Staff told us they used these records to find out the way people preferred to receive their care. Staff we spoke with were able to explain how people were supported to make decisions for themselves, for example managing their own money. We saw that where possible people or their relatives signed their care plans to confirm they had discussed and agreed how they would like to be cared for.

We observed people were supported to take part in a range of interests and hobbies; for example bowling, cooking and visiting places within the local community such as the garden centre. People made choices about how they spent their time and were supported by staff in choosing what activities they wished to participate in. Staff supported people to go out to lunch, visit the shops or partake in activities within the home. One person we spoke who was planning their activities told us, "I like doing different things [staff members name] takes me out or we do things here."

Throughout the day people felt comfortable to approach staff to speak about their concerns or social plans. We saw that staff listened and answered any questions that were asked. Staff were patient with people and made sure people were happy with their response. We saw there was a complaints procedure on display within the home; information was also available in pictorial format. Staff we spoke with told us they were happy to raise any concerns on people's behalf and that the registered manager would listen. We looked at the records and found where complaints had been received these were investigated and responded to appropriately.

## Is the service well-led?

### Our findings

We saw that people and their families were involved in the home and had their opinions and views listened and responded to. Questionnaires were completed by people's families and were used to improve the service people received. We saw that many positive comments had been received from families such as, 'It's already an 'A' class service.' We saw there were other opportunities for the provider to gather people's views about the home and the care provided. Regular meetings took place with people which provided an opportunity for people's views to be listened to and for improvements to be made. For example, we saw people were involved in developing new menus and deciding the new name for the home.

People we spoke with told us the home was friendly and welcoming and said they received care from a consistent staff group which enable them to build relationships. Staff we spoke with told us the management team were approachable and available to provide advice and guidance should it be required. One member of staff said, "The [registered] manager is very approachable and is very supportive." Staff we spoke with said they felt confident any concerns they raised with the management team would be listened to and dealt with appropriately. Staff members said they were aware of the provider's whistle blowing policy and would be confident in using this if required. Whistle blowing means raising a concern about a wrong doing within an organisation. Staff we spoke with confirmed that they attended regular meetings with the registered manager or her team to address any issues of concern or to share information.

The registered manager was in the home on a daily basis. They demonstrated a good understanding of all aspects of the home including their responsibilities as a registered manager. The provider has a history of meeting legal requirements and notifying us about events that they are required to do so by law such as serious incidents or safeguarding. The home had a clear management structure in place and everyone we spoke with knew who the registered manager and provider was. Staff told us they had access to information which enabled them to be clear about their roles and responsibilities. The management team and staff members had access to resources to keep their skills and knowledge current to ensure people were cared for safely.

The provider and registered manager carried out regular quality checks of the home. All aspects of people's care and the environment were reviewed regularly. For example, health and safety, medicine, people's care records and incident and accidents audits were completed and where required improvement plans were developed.