

Linda Harvey

Lawrence House Residential Care Home

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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced comprehensive inspection took place on 22 and 27 November 2015. Lawrence House is registered to provide care and support for up to 12 people with a learning disability. At the time of the inspection there were 10 people living at the service.

There was a registered manager in post who is also the registered provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were positive and enthusiastic about life at Lawrence House and this was evident in our observations throughout the day. People living at the service said they really liked living there. One person said “I have lived here a very long time. This is my home. I love it here.” We

Summary of findings

observed caring and compassionate support being given at all times. Staff were observant about people's changing moods and acted quickly to support people when they became distressed or upset about something. Staff had clearly developed close relationships with people and respected and celebrated their diversity. People were offered choices in all aspects of their life. Relatives were very positive about how people were being cared for. Comments included, "It is absolutely fantastic. All the staff care so much. They really look after (our relative) so well." Another said "Absolutely wonderful care. I don't want my relative to go anywhere else. This is their home, staff know them and care so much. The manager is brilliant and has said they will continue to support my relative through palliative care."

One healthcare professional said the service was "Exceptional in their caring approach to people."

People had been supported in an exceptional way at the end of their life. Over the last year several people who had lived at this service for a number of years, became ill and needed nursing care. The registered manager and staff continued to support these people even after they moved out of this home. They said "We wanted to make sure our people had the best possible care and treatment. We did not want them to be afraid and alone in hospital so we made sure one of us was around for their stay and during their final days. One healthcare professional said "I have found the Lawrence house to be extremely caring and committed to providing a service to past and present residents.....On some occasions this additional support has meant that a person has had a very dignified and more peaceful death than they would have otherwise. I find all the staff know the clients well, are compassionate and well trained so are excellent at informing others taking over the caring role."

Staff were experienced and knowledgeable about how to meet people's individual needs. Care and support was being delivered in an extremely caring and sensitive way. People were being offered choice throughout the day about when they wished to be supported to get up, how they spent their day and what drinks and meals they wished to have. Staff understood people's different ways of communicating and were proactive in ensuring people were happy, comfortable and enjoying meaningful activities.

People's health care needs were well met. The service had developed individualised hospital passports for people, for when they needed care and treatment outside of their own environment. One healthcare professional commended the service saying "Having taken over the care of a patient last night who is one of your residents. I felt compelled to email you to tell you how lovely and how useful her communication passport is. It really helped me give care which was appropriate and tailored to the patient. If only all residents in all homes had something similar. It also suggests that she came from a home with a caring, person focussed ethic.....love it!"

Relatives confirmed they were kept informed about any changes in people's health or general well-being and enjoyed having regular written updates about what their relative had been doing.

Staff ensured people were eating and drinking sufficient quantities to maintain good health. Staff knew what people's likes and dislikes were. Staff prepared meals to ensure those who were at risk of choking had the right consistency. They were conscious about ensuring meals looked appetising and people, who were on restrictive diets due to healthcare needs, did not feel they were missing out.

Staff had training, support and supervision to help them understand their role and provide care in a safe way. Staff felt their views were listened to and understood the ethos of the home. This was to provide a safe, homely environment for people to enjoy and to offer people choice in everyday life. Staff said they were valued and encouraged to learn and develop by the registered manager. Staff had access to mentoring and guidance and support from a staff liaison person.

Most people lacked capacity, and this had been fully considered in light of the 2014 supreme court ruling, covering mental capacity and the need to consider Deprivation of Liberty Safeguards (DoLS). Applications had been made in respect of people and the service was awaiting assessment and authorisation of the DoLS. Staff understood the importance of giving people choice and worked in innovative ways to ensure people had maximum choices throughout their day.

Summary of findings

People were protected by the service having clear recruitment processes, which ensured only staff suitable to work with vulnerable people were employed. Medicines were being well managed which also helped to protect people.

There were a range of audits to ensure the environment was safe, clean and homely. Complaints were responded

to in a timely way. Relatives confirmed they had confidence in the registered manager and staff team to be able to respond to their concerns and suggestions. The staff team were proactive in ensuring people's wishes were considered and actioned.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good



The service was safe.

Recruitment practices were robust to demonstrate that staff were suitable to work with vulnerable people.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately.

Medicines were well managed.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Is the service effective?

Good



The service was effective.

People were supported by staff who were trained and supported to meet their emotional and health care needs.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People were supported to access healthcare services to meet their needs.

People were supported to eat and drink in an unrushed and supported way.

Is the service caring?

Outstanding



The service was outstanding in providing caring staff to support people.

The registered manager and staff were committed to a strong person centred culture which put people first.

People had positive relationships with staff that were based on respect and celebrating people's diversity. People were treated with dignity at all times.

Relatives felt staff went the extra mile to provide compassionate and enabling care.

Healthcare professionals and families said staff had provided exceptional end of life care to people.

Is the service responsive?

Good



The service was responsive.

The service was flexible and responded quickly to people's changing needs or wishes.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

Summary of findings

People's views and opinions were sought and listened to. Feedback from people receiving support and their representatives was used to drive improvements.

Is the service well-led?

Good



The service was well-led.

The registered manager promoted strong values and a person centred culture which was supported by a committed staff group. The registered manager ensured this was consistently maintained.

The service worked effectively in partnership with other organisations and forged positive links with the community to improve the lives of people with disabilities.

There was strong emphasis on continual improvement and best practice which benefitted people and staff.

There were systems to ensure quality and identify any potential improvements to the service. The registered manager promoted an open and inclusive culture that encouraged continual feedback.

Lawrence House Residential Care Home

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 22 and 29 November 2015 and was unannounced. The inspection was completed by one inspector.

Before our inspection, we reviewed the information we held about the home, which included notifications they had sent us. A notification is information about important events which the service is required to tell us about by law.

We reviewed the service's 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 our visit we met with nine people using the service, to gain their views about the care and support they received. We also met with seven care staff, the registered manager and an administrator/staff liaison person. We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked records relating to recruitment, training, supervision, complaints, safety checks and quality assurance processes.

Following the inspection we spoke with two relatives and two health care professionals.

Is the service safe?

Our findings

People at Lawrence House said they liked living at the service, saw it as “their home” and said they felt safe. Relatives confirmed the care and support given provided people with a safe and homely service. Comments included “I feel I have got the best for my relative in them coming to Lawrence House. I know they are safe and happy and being well cared for.”

Staff understood how to work in a way which ensured people’s human rights were protected. For example when one person was becoming distressed by the noise of others in the dining area, they offered them the opportunity to eat their meals at a different time or to eat in a different room. Staff respected the person’s choice and ensured they were given time and support to eat their meals in a relaxed and unhurried way. Staff talked about how each person had times when they may feel insecure and need additional reassurance. Staff understood people’s cues to their changing moods and offered them support to enable them to feel safe again.

Risks assessments were in place and were up to date for people’s physical and mental health needs. For example, people at risk of falls had been assessed by healthcare professionals and walking aids had been supplied. Staff monitored the use of this equipment and gently reminded people how to use this equipment to maintain their safety. Staff made gentle suggestions for one person not to carry their belongings whilst using their walking aid. Some people had been assessed as being at risk of choking. This was clearly identified within risk assessments and their meals were prepared to ensure they had the right consistency to reduce the risk of choking. Where people had known mental health issues which could impact on their lives or those of others, assessments were in place. These clearly identified triggers and how staff should divert a person so they do not become fixated on a particular subject for example. Staff spoke knowledgeably about people’s risks and their background histories and reasons why such risks may exist.

One healthcare professional said “We have had best interest meetings and these have demonstrated that this provider has a good rapport established with clients and their family as well as health and social care.”

Staff understood how to identify possible concerns and abuse and knew who they should report these to. They had confidence in the registered manager’s ability to follow up on any concerns they identified to her. The registered manager understood their responsibilities to report any concerns to the local safeguarding team and to CQC. There had been two safeguarding concerns raised in the last 12 months by the registered manager. In each situation the registered manager liaised with the specialist learning disability team, healthcare professionals and police to ensure the safety of people living at the home and staff. One health and social care professional said “The manager is always diligent in letting us know any concerns and works with us to get the best outcome for people.”

Safe and robust recruitment and selection processes were evident to make sure new staff were safe and suitable to work with vulnerable people. We looked at the files for three of the most recently employed staff. Appropriate checks were undertaken before staff started work. The staff files included pre-employment checks, written references, satisfactory Disclosure and Barring Service clearance (DBS), and evidence of the applicants’ identity. As part of the staff recruitment process, people who used the service were given opportunity to meet and spend some time with applicants. The way applicants related to people and how people responded was observed and considered before a decision to offer employment was made. This made sure people felt comfortable and safe with staff who would be supporting them.

There were enough staff to provide personalised care and support people in their choices of activities and social outings. People said staff were available when they needed them. One person said “When we are going out we sometimes have extra staff to help. I like all the staff.”

Staff confirmed there were always enough staff on duty for each shift to ensure people’s needs were being met and opportunities were available for people to do activities at home and in the wider community. Rotas showed there were three staff on each shift and additional staff rostered in for outings and activities on several nights per week. In addition, extra staff were made available if a person’s health deteriorated and for holidays for people. This helped to facilitate those who wished to go away and those who preferred to stay at home.

Medicines were well managed. One senior person had key responsibility for the ordering and monitoring of all

Is the service safe?

medicines in and out of the home. Only staff who had received training in safe administering and recording of medicines took on this role. Everyone within the home required support to manage their medicines. Staff ensured these were given at the right times and in a way which helped the person swallow them. For some this meant having their medicines at the same time as their meal for ease of swallowing. Medicine records matched the prescribed medication totals in the home and where appropriate staff had double signed entries to help prevent possible errors. Medicines were kept secure and those requiring additional security were double locked. A separate locked fridge was available for medicines which required cool storage. Monthly audits were completed and the senior member of staff and registered manager completed random competency checks on staff to ensure they were following the medicines policy and procedures.

The registered manager monitored and analysed all accidents and incidents ensuring a full analysis. This

ensured any learning was identified and adjustments made to minimise the risk of the accidents or incidents occurring again. For example, where someone had a number of falls, the registered manager asked for a medicines review and a physiotherapist assessment to ensure any further risks were minimised.

Each person had a personal evacuation plan in the event of a fire and fire risks had been fully considered, together with regular checks on fire equipment, training and evacuation procedures. Maintenance records were up to date, and safety checks were completed by the provider on a weekly and monthly basis to ensure the environment was safe and well maintained. In addition to this the registered manager had introduced a team leader's health and safety check list to complete on each shift. This provided visual and recorded systems for team leaders to ensure the environment was safe and minimised risks where possible for people.

Is the service effective?

Our findings

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. The registered manager had made applications for DoLS for those people whom she considered were in need of this type of safeguard. The local authority had not yet assessed these applications. However we saw people were being supported in the least restrictive way. For example ensuring additional staff were available to enable people to have a choice about whether they wished to go out to participate in an activity or remain at home. Staff described ways in which they ensured people had choices throughout their day. Where restrictions had been put in place for people's safety, staff provided support in a sensitive way. For example one person needed close supervision with some aspects of their care. Staff provided care and support in a way which enabled the person to still do things for themselves but had support from staff to ensure their safety and personal care was protecting their dignity. Any best interest decisions had been clearly documented.

People were supported to have their needs met by staff who understood these and were given training and support to provide care and support effectively. Training included all aspects of health and safety as well as some more specialised areas such as working with people with autism, epilepsy and specific healthcare conditions. Staff confirmed his training was ongoing and they had found it useful. One staff member said "Our manager is really encouraging, she always wants us to improve and we can do any training we request. I have done my NVQ3 in care

and lots of other courses relevant to our guys, including end of life care, dementia care and topics around physical health which have been really interesting." Staff were able to describe people's needs and what they did to support those needs for each individual.

Relatives confirmed people's healthcare needs were being monitored and actions taken to address any issues. One relative said "The staff keep me informed if there is even the slightest concern with (my relatives) health."

Care records showed that health care needs were closely monitored and where necessary healthcare professionals were called for advice and support. Staff were able to give numerous examples of how they had closely monitored people's deteriorating health to ensure the right support and medical follow up was requested. The registered manager had acted swiftly to get medical input for people and to be an advocate in ensuring their healthcare needs had been followed up. Where people needed to have in patient treatment, additional staffing had been supplied to ensure the person had someone who knew them well for most of their time in hospital. The service had developed individualised hospital passports for people, for when they needed care and treatment outside of their own environment. One healthcare professional commended the service saying "Having taken over the care of a patient last night who is one of your residents. I felt compelled to email you to tell you how lovely and how useful her communication passport is. It really helped me give care which was appropriate and tailored to the patient. If only all residents in all homes had something similar. It also suggests that she come from a home with a caring, person focussed ethic....love it!"

New staff were required to complete an induction programme which was being reviewed to ensure that the new nationally recognised care certificate was completed. This ensured new staff have a comprehensive induction covering all aspects of care. One newer member of staff confirmed they had been given the information to follow to complete the care certificate within a 12 week period. Before starting as part of the staff team, newer members of staff were given two or three shifts to work alongside more experienced staff so that they had an opportunity to get to know people's needs and the operational ways of working in the service.

Staff confirmed they were given one to one supervision with the registered manager to discuss how their role was

Is the service effective?

going and to identify any training and support needs. During these sessions staff said they also discussed how they worked with individuals, what had worked well and what good practices they could share as a team.

People were supported to eat and drink to ensure they maintained good health. People were offered a choice of drinks and snacks and staff had good knowledge of people's likes and dislikes. People said they enjoyed their meals. One person said "I like the meals, sometimes I help. We talk about what meals we like and sometimes we have

a takeaway or go out to eat. I love fish and chips." Photos were used to help people with limited communication make choices about their meals. Staff knew which people needed modified or special diets and support was given to people in a kind and compassionate way. People were offered seconds or other choices if they had not eaten their meal. The quantities of food eaten were closely monitored and for those who were at risk of losing weight additional calories and fortified drinks were offered.



Is the service caring?

Our findings

Our observations showed people were relaxed and enjoyed caring relationships with staff. People indicated by their non-verbal communication that they were happy. Relatives said care was exceptional. One relative said “It is absolutely fantastic. All the staff care so much. They really look after (our relative) so well.” Another said “Absolutely wonderful care. I don’t want my relative to go anywhere else. This is their home, staff know them and care so much. The manager is brilliant and has said they will continue to support my relative through palliative care.”

People had been supported in an exceptional way at the end of their life. Over the last year several people who had lived at this service for a number of years, became ill and needed nursing care. The registered manager and staff continued to support these people even after they moved out of this home. The registered manager said “We wanted to make sure our people had the best possible care and treatment. We did not want them to be afraid and alone in hospital so we made sure one of us was around for their stay and during their final days.”

One healthcare professional said “I have found the Lawrence house to be extremely caring and committed to providing a service to past and present residents. When a person’s needs have become too complex and they have had to move to a nursing home or go into hospital, the team has maintained contact. This has been of outstanding benefit to the person who has a learning disability as they see the staff team as family and most struggle to understand the move. This consistency of contact not only provides emotional support but also ensures needs are met at a person’s most vulnerable moments e.g. urgent admission to hospital. the client, family, care staff and hospital staff have been so pleased with this dedication.On some occasions this additional support has meant that a person has had a very dignified and more peaceful death than they would have otherwise. I find all the staff know the clients well, are compassionate and well trained so are excellent at informing others taking over the caring role.”

One family posted this statement in the local paper in praise of the service. “For us Lawrence House has been the Gold Standard in care for people with a learning disability. Linda Harvey and her team have looked after (our relative) for the past seven years with care, compassion and a lot of

fun. They ensured that he was always able to follow his many interests, they welcomed his family on many occasions and have always made special occasions a real treat. Our biggest thanks go to Linda Harvey who has worked tirelessly on our relatives behalf during his last illness. She ensured that carers were with him during his stay in hospital and we would like to thank the carers who gave up their own time to be with him.”

It was clear from discussions with staff, the team prided themselves on offering a caring service and ensuring people were supported through their health and end of life. One staff member said “Our people here are like family. We treat them with kindness and respect. We laugh and cry with them and when we can, we care for them through to the end.” The registered manager said that people wanted to remember those who had died and together they agreed to paint a rainbow in the dining area and put photos of people to remember them by. When people had died, the service had produced books and DVD with pictures and videos of the person doing all the things they enjoyed most. This also included comments and quotes from staff about how much they had enjoyed caring for the person.

Staff were able to describe ways in which they supported people to express their views and be actively involved in making decisions about their care, treatment and support. For example they used pictures and photos to help people make choices about activities they wished to participate in.

People were supported in a way which ensured their dignity and privacy was upheld. For example when assisting someone with their personal care needs, this was done in a gentle way to ensure they were clean whilst encouraging the person to do as much as they could for themselves. Staff understood the importance of offering people choice and respecting people’s wishes. When people appeared anxious or distressed, staff offered a gentle word of encouragement and gave them options of what to do next. Staff gave people hugs and held hands to ensure people felt secure and content. There were clear strong relationships between staff and people. Staff interactions with people were warm and inclusive. Staff talked to people about what was important to them and showed genuine affection. For example staff talked about how a newer person to the service had settled in and how much they were enjoying getting to know them as a person.



Is the service caring?

The ethos of being a caring home extended to families and staff. Relatives said they were always made welcome and staff were interested in their well-being. One relative said “It is like one big family. I feel they care about me as well as my relative. When I was ill recently, they rang to check I was doing okay. That’s really kind and goes above and beyond what you expect.” Another relative said how much they valued the regular updates and contact from the person’s keyworker. They explained they got regular letters with

photos saying what their relative had been doing. They said “It’s so nice to see what they have been up to. It really brightens my day when I get that letter. Feel the staff always go that extra mile.” The registered manager also explained how they had a regular newsletter with lots of photos and information about what they had been doing and what events were planned. This included information about staff and their hobbies and interests.

Is the service responsive?

Our findings

People were positive and enthusiastic about life at Lawrence House and this was evident in our observations throughout the day. Some people were keen to show us their rooms, which had been redecorated in themes of their choice. This included a car theme, football and even a tardis. People had been consulted about what they wished in their rooms and in communal areas and their views and wishes had been incorporated into any refurbishments. One person said “I love it here, I love my room and love all the things I get to do.”

People were offered a variety of activities and outings both in groups and as individuals. People said they enjoyed the activities on offer and it was clear where people had hobbies and interests, these were encouraged and people were assisted to pursue them. For example one person was a keen Dr Who fan so he and two friends had taken a trip to visit the Dr Who experience. Another person had work placement at a local older persons care home which they clearly loved and had a sense of value from working. The registered manager explained how they tried to ensure people had activities and outings to places of interest to them. She said some people enjoyed doing social activities such as attending local social clubs a nightclub and craft sessions. Others enjoyed trips out to shop and eat out. People were offered a choice of holidays each year. These were chosen based on what people enjoyed doing and who they had friendships with. For a few people who did not like being away from home, day trips and outings had been organised as an alternative.

The registered manager worked hard to ensure there were close links with the local community. She offered work placements to young potential care staff. The college tutor got in touch with CQC to say “The registered manager allows my learners to be involved in the home; she understands the needs of my learners and always briefs us on the needs of the residents. The support Linda offers is outstanding, she runs a welcoming home and residents are always happy and well supported. The residents space is theirs and there is a real feel of family and unity within the home.” She had also facilitated some young college students who were doing a community work towards their

Princes Trust award to help revamp the outdoor space with input from people living at the service. They had included bright murals and objects of interest. People said they loved their new look garden.

People were cared for in a really individualised way. Everyone was offered a bath or shower each day or evening. Staff discussed the fact they wanted to make people’s experience of being cared for a relaxed and pleasant experience. Staff said they encouraged people to have a relaxing bubble bath. Staff were skilled at reading people’s body language and non-verbal cues to ensure they were responsive to people’s changing needs and moods. This was especially important for people who were unable to voice their wishes and choices. One staff member said “We know if people are happy or want something different because we can see by their face and sounds they make. When I first came I thought the other staff were brilliant at reading people. I have got to know people too now so can tell if they are happy or not.” Staff were willing to give additional time unpaid to ensure people had opportunities to do activities such as going to the theatre and holidays

Key workers made sure people stayed in touch with people who were important to them. This included phone calls, and letters to family with photos to explain what the person had been doing and what they had enjoyed.

Care records detailed people’s personal and healthcare needs and were updated and reviewed regularly by care staff. Where possible people and their relatives were involved with the review of these. They were clearly set out and gave staff a pen picture about how to honour the person’s preferred morning and evening routines. This meant staff knew how to respond to individual circumstances or situations and to ensure care was being delivered in the way the person wished.

Comprehensive assessment were in place which were person centred and were reviewed as needs changed. Daily routines were based on a person’s preference and choice. For example, choosing to stay in their room for breakfast or staying for later for a chat with night staff. Staff confirmed they referred to people’s plans to ensure they delivered the right care in a consistent way. Any small changes to people’s needs were discussed with staff following each shift. One healthcare professional said “Lawrence house have been able to provide high standard care plans and have been able to facilitate detailed assessments. They

Is the service responsive?

have understood the process and worked well in a multidisciplinary team. If on occasions I have found anything out of date they have responded to my observations and I received the updated paperwork within designated time guidance's."

The service had a complaints policy and process which was posted in areas of the home and given to people and their relatives. Complaints were dealt with effectively and

records were kept of actions to resolve any concerns. Relatives confirmed they could discuss any concerns they had with the registered manager and were confident any issues raised would be dealt with. One relative said "The manager always ask us if we are happy with things, she goes out of her way to please everyone. There's no one thing I can fault, but if I did have a complaint, she would sort it double quick. I am sure of it."

Is the service well-led?

Our findings

The registered manager is also the registered provider. There was a clear ethos of promoting people's choice, respect and dignity within a caring homely environment. Staff understood the ethos and worked to support this approach. Staff said their views were listened to and the registered manager was open and inclusive. The registered manager promoted strong values and a person centred culture which was supported by a committed staff group. The registered manager ensured this was consistently maintained. She did this by working alongside the staff team and by continually researching best practice. She had recently been on a course about nutritional needs and how to improve people's health. She was looking at ways to implement some of this learning to ensure menus reflected healthy eating whilst promoting choice for people.

The registered manager was responsive to staff needs as well as people who lived at the service. She had employed a welfare liaison person for staff to have someone confidential to talk to about any concerns or worries they may have. This could be work or personal related. Staff confirmed they felt valued and listened to.

Staff said the registered manager strived to promote the highest standards and they were offered opportunities to be involved in the quality audits to review and enhance their care and support. For example one staff member had taken on the responsibility of ensuring the medicines were ordered and audited. Another staff member had been involved in the development of care plans and essential documents to ensure people's healthcare needs were being closely monitored.

The registered manager said they used a variety of other sources to review the quality of care including being part of a south west care consortium and using an external quality auditing company to review their work and provide action plans for future improvements.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. Audits were completed on the number and nature of accidents and incidents to see if there were any trends or learning needs for staff.

The service had a range of audits to review the safety and suitability of the building, the medicines management and the care plan documentation. Where audits had identified issues, actions were taken to address these. This included ensuring additional information was included within care plans so new staff had a better understanding of people's ways of communicating.

As part of the information sent in prior to the inspection the registered manager said "Lawrence House regularly consults with the residents, their families and care professionals on an informal level and responds to suggestions and requests in a timely manner. Lawrence House has regular residents meetings when residents can make suggestions and are encouraged to bring up anything they might like to try or change." For example at a meeting one person identified they would like to visit the local wildlife and dinosaur park. Staff facilitated this.

The service produced quarterly newsletters telling family and friends what had been happening and asking for suggestions and input for future events.

Healthcare professionals confirmed there was a good partnership working with the service and it was clear the registered manager worked to ensure there were also good links with the local community. For example having local students visit to help with the garden.