

# Education and Services for People with Autism Limited

## Lawreth

### Inspection report

267 Station Road  
Seaham  
County Durham  
SR7 0BG

Tel: 01915130111  
Website: [www.espa.org.uk](http://www.espa.org.uk)

Date of inspection visit:  
13 October 2017  
19 October 2017

Date of publication:  
05 December 2017

### 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 13 and 19 October 2017 and was announced. This was to ensure someone would be available to speak with us and show us records.

Lawreth provides care and accommodation for up to two people with a learning disability. On the day of our inspection there were two people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

We last inspected the service in September 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff.

Staff were suitably trained and received regular supervisions and appraisals.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Lawreth.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff said they felt supported by the registered manager. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Lawreth

## **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 13 and 19 October 2017 and was announced. This was to ensure someone would be available to speak with us and show us records. One adult social care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

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 service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

Some of the people who used the service had complex needs which limited their communication. This meant they could not always tell us their views of the service so we carried out observations and spoke with two family members. We also spoke with the registered manager, assistant manager and three members of staff.

We looked at the care records of the two people who used the service and observed how people were being cared for. We also looked at the personnel file for a new member of staff, staff training records and records relating to the management of the service, such as quality audits, policies and procedures.

# Is the service safe?

## Our findings

Family members we spoke with told us their relatives were safe at Lawreth. They told us, "Safe? Oh yes. He gets support when he goes out" and "Believe me if they weren't excellent he wouldn't be there."

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us staff were flexible and covered any absences themselves. Staff and family members we spoke with did not raise any concerns regarding staffing levels at the home. Staff told us, "The staffing is excellent" and "We rally round and cover for each other."

There had been one new member of staff employed by the service since our last inspection visit. We found the provider had an effective recruitment and selection procedure in place. Relevant security and identification checks were carried out when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. 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 prevents unsuitable people from working with children and vulnerable adults.

Accidents and incidents were appropriately recorded and analysed monthly to identify any trends. The provider had a 'Positive risk taking policy' that described how risks could not always be avoided but could be minimised and prepared for. We saw risk assessments were in place for people who used the service, which described potential risks and the safeguards in place to reduce the risk. For example, a risk assessment was in place for night checks to show they were increased to every 15 minutes when the person who was being checked was unwell. The night shift procedure had been updated to reflect this and staff signed to say when checks were carried out. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Hot water temperature checks had been carried out for all bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). Equipment was in place to meet people's needs including hoists and wheelchairs. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, and people who used the service had Personal Emergency Evacuation Plans (PEEPs) in place. This meant appropriate information was available to staff or emergency personnel, should there be a need to evacuate people from the building in an emergency situation.

We found the registered manager understood safeguarding procedures, however, there had not been any

recent safeguarding related incidents at the service. Staff we spoke with had a good knowledge of safeguarding and had been trained in how to protect vulnerable people.

We found appropriate arrangements were in place for the safe administration and storage of medicines. Medicines were stored in a locked cabinet inside a locked cupboard. Daily temperatures were recorded of the medicines cupboard to ensure medicines were stored within recommended temperature ranges. Staff had been trained in the administration of medicines and had a good understanding of people's individual medication needs.

# Is the service effective?

## Our findings

People who used the service received effective care and support from well trained and well supported staff. Family members told us, "The staff are fantastic", "They go beyond what they need to", "I've met the new staff and they are very nice" and "Sometimes I think they understand him better than I do."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The service had a 'Continuation development file' where any new policies and procedures were placed for staff to read. Up to date information on health and social care was also placed in the file so staff could keep up to date with best practice and new developments. Staff were encouraged to read the material and to update their own continual development plan to say how they would put it into practice. This was reviewed as part of staff supervisions.

Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

People were supported with their dietary needs and their food and drink preferences were recorded. Staff created menus based on people's preferences and we observed one of the people who used the service assisting in the kitchen. One of the people had been referred to the speech and language therapist (SALT) due to possible dysphagia, or difficulty swallowing. However, SALT assessed the person did not have any specific dietary needs and should have a normal diet.

People had communication profiles in place, which described their methods of communicating, any barriers to communication, and guidelines and strategies for staff to follow. For example, "[Name] watches faces carefully so communication used should be both signed and spoken", "Eye contact should be gained first" and "Photographs/pictures/objects to be used to promote choice or to give information." We observed one of the people looking through a file of photographs that were used to aid communication. The assistant manager told us photographs were also used to give people choices when planning menus.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Capacity profiles had been completed for people and where people lacked capacity to make decisions,



mental capacity assessments and best interest decision meetings had taken place. DoLS applications had been appropriately submitted to the local authority and CQC had been notified when they had been authorised.

People who used the service had 'Hospital passports' in place, had access to healthcare services and received ongoing healthcare support. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health if they are admitted to hospital.

Care records contained evidence of visits to and from external specialists including GP, SALT and community nurses. Health monitoring tools were in place for people. These provided guidance to staff on indications that a person may be unwell and what action to take. Any observations were documented on the record, including what actions had been taken.

## Is the service caring?

### Our findings

People we saw were well presented and looked comfortable in the presence of staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. Family members told us, "They class [name] as part of the family" and "The care they give [name] is second to none."

Staff respected people's privacy and dignity. Staff we spoke with told us, "The care for the two lads is amazing" and "You've got to respect everyone's dignity." Family members told us, "No concerns about that [dignity and respect]" and "His clothes are always clean." Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

People were supported to be independent where possible. Care records described what tasks people could carry out independently and what tasks they needed support with. For example, "I must have support from staff throughout the day but I need to maintain my independence", "I take part in my laundry routine and cleaning my room", "I can shampoo my own hair with a little staff support and will attempt to wash my body with prompts from staff" and "I can use the washing machine with prompts." A family member told us, "He's given every assistance to be as independent as he can be." We observed one person helping in the kitchen by taking items out of the fridge and tidying up. This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

Bedrooms were individualised. One person's bedroom had been recently decorated. The assistant manager told us how they had sat down with the person and shown them pictures and colour charts to help them make a decision about the décor or their room. Their family member told us they had also been involved in the discussions. One person's favourite photographs had been put on an electronic device, which was connected to the television so the person could watch his favourite photographic memories.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us none of the people using the service at the time of our inspection had independent advocates.

People had 'Equality and diversity profiles' in place, which described people's needs and preferences with regard to disability, race, gender, age, sexual orientation and religion or belief. For example, one person's profile stated they did not have any preference with regard to male or female staff and they enjoyed the company of any age group.

We discussed end of life care with the registered manager. They told us that as it was a sensitive subject and may distress the people who used the service, this had not been discussed with them. However, it would be discussed and families would be involved at the appropriate time.

## Is the service responsive?

### Our findings

People's needs were assessed before they started using the service and were continually assessed in order to develop support plans. We found care records were regularly reviewed and evaluated.

Each person's care record included important information about the person including their preferences choices they could make for themselves, communication skills, and the support they required for personal care and mobility. We found the care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account.

Care records described how staff supported people with their health care needs and included detailed instructions for staff to follow. We saw staff had been appropriately trained in how to support people with their specific needs and guidance had been sought from appropriate healthcare professionals. Appropriate risk assessments were in place where necessary.

One of the people who used the service had mobility needs and a member of staff had identified and developed some exercises the person could do to help improve their upper body strength. The staff member was cascading this information to other staff so they could also support the person.

Daily records were maintained for each person who used the service. Records we saw were up to date and included information on activities the person had carried out, appointments and any health issues.

We found the provider protected people from social isolation. People were supported to access the local community, events and go out for drives. One of the people had been on holiday to the Cotswolds earlier in the year. Their family member told us, "He's getting regular holidays. He had a brilliant time in the Cotswolds, just the kind of thing he likes." The other person enjoyed several short breaks each year and liked going on trains. People also attended activities at the provider's local education and activities centre. These included information technology sessions, arts and crafts, and social events.

We looked at the provider's complaints, concerns and compliments procedure, which included an easy to read version. This provided information on how to make a complaint and how long it would take for the complaint to be investigated and resolved. There had not been any complaints recorded at the service. Family members we spoke with did not have any complaints to make but knew who to contact if they did.

# Is the service well-led?

## Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. The registered manager told us the assistant manager had been signed up as an 'I Care ambassador' to speak with organisations and schools about the rewards of working in care and the positive impact it can have on people's lives.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law. Records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred and inclusive. Staff we spoke with felt supported by the management team and the provider. They told us, "It's an excellent company", "There's always someone you can go to if you have any worries", "It's good teamwork" and "You can go to the manager or assistant manager." Family members told us, "Every time they need to tell me something, they let me know" and "Communication is very good."

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings took place monthly, a newsletter was sent out by the provider quarterly and an annual survey was carried out.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The provider carried out themed visits to the service throughout the year. There had been two recorded visits so far in 2017 and the registered manager told us another visit was due shortly. The registered manager told us as they were relatively new in post, the provider had decided to wait a few months before carrying out the next themed visit. We saw these visits included a review of medicines, support planning, risk assessments, health and nutrition.

Daily checklists were completed at the home, which included checks of medicines and medicine storage, daily records, premises and fire safety checks, infection control, and visual safety checks of mobility equipment. First aid, medicine stocks and personal finance checks were carried out weekly, and a monthly health and safety checklist was carried out.

Annual surveys were carried out for people who used the service and family members. These included questions on the safety of the home, health care, nutrition, care and welfare, complaints, the home environment, the staff, and the overall quality of the service. All the responses from the family survey were rated as either 'Outstanding' or 'Good'.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources.