

Royal Mencap Society

Lawnswood Avenue

Inspection report

112 Lawnswood Avenue
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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?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Lawnswood Avenue is a care home providing personal care to seven people at the time of the inspection. The service can support up to eight people.

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

Right Support

Staff supported people to have the maximum possible choice, control and independence, be independent and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. People's risk assessments and plan of care were being reviewed and moved from paper to electronic at the time of the inspection.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. The provider was actively recruiting to ensure consistency in staff. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Some areas for improvement were identified, including ensuring monitoring of people's needs and care plans contained up to date information.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 01 January 2020) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care right culture. The inspection was prompted in part due to concerns received about the culture in the home. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring, responsive and well led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We also followed up on action we told the provider to take at the last inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Lawnswood Avenue

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.

We checked whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out the inspection.

Service and service type

Lawnswood Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 newly appointed manager who was not yet registered with the Care Quality Commission. This means the provider is 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. We telephoned the provider from outside the home to find out the COVID-19 status in the home and discuss the infection, prevention and control measures in place.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We observed people's interactions with staff.

We spoke with five members of staff including the manager, area operations manager, deputy manager and support workers.

We reviewed a range of records. This included two people's care records and three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Our previous inspection identified people's risk assessments were not always up to date to reflect recent professional guidance. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.
- The provider ensured any professional advice or guidance was clearly documented in people's care records.
- The service helped keep people safe through formal and informal sharing of information about risks. One relative told us, "Staff are on the ball, they call paramedics or the GP straight away, they are very efficient."
- Improvements were also made since our last inspection to the environment. Staff managed the safety of the living environment and equipment in it well, through checks and actions to minimise risks.
- People's care records mostly helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. The provider was in the process of moving to electronic records, we found one person's record relating to an aspect of their care was unclear, when raised, the manager updated this.

Preventing and controlling infection

- At our previous inspection we found items in the home were worn and bathroom flooring was compromised and required replacing. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.
- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping premises clean and hygienic.
- The home had some chipped paintwork on a door frame and rust on a bath, the manager had already identified the rust on the bath and planned to make the improvements to the home to help keep it clean. The service promoted safety through staff's hygiene practices.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitted people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.

- The service supported visits for people living in the home in line with current guidance.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. People we spoke to confirmed they felt safe, one person told us, "Staff look after me."
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff confirmed the process they followed if they had any concerns.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. Staff informed us previously when they were short staffed some days people did not always leave their home, however one staff member told us, "The new management ensure there are enough staff on every shift."
- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals. The provider ensured when agency staff were used, people were supported by consistent agency staff and they were actively recruiting for permanent staff.
- The provider ensured vaccination of COVID-19 was a condition of employment.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff made sure people received information about medicines in a way they could understand.
- People were involved when staff supported them with their medicines. For example, we saw one person telling the staff which medicine they had in which order.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learnt to help keep people safe.

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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- The provider was in the process of reviewing people's care plans to ensure they were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. One person's care plan included how and when staff were to encourage their verbal communication.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. The provider kept a record of staff completion and alerted staff when training updates were due.
- Updated training and refresher courses helped staff continuously apply best practice. Staff confirmed they had the right training to meet people's needs.
- People's relatives confirmed staff knew their loved one and knew how to support and meet their needs. One relative told us, "They [staff] know how to support them, they know how they behave and what they like and dislike."

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals. One staff member told us how people could choose what they wanted to eat but it also depended on their Speech and Language Therapy (SaLT) assessment and any dietary requirements.
- People were able to eat and drink in line with their cultural preferences and beliefs. One person had a particular type of meat as part of their faith, staff confirmed this meat was stored and cooked separately.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals. People told staff when they wanted to eat their meals at a time to suit them.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical.
- The environment was homely and stimulating. One relative told us, "It feels like a home here, [person's name] is comfortable here, it felt more clinical at their previous home."
- People were able to move around easily because there were visual aids in their home and staff had

arranged the furniture to support this.

- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. One relative told us, "Everything in their room is very personal, they have the choice about the things they keep in there."

Supporting people to live healthier lives, access healthcare services and support

- Multi- disciplinary team professionals were involved in support plans to improve a person's care.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Staff confirmed they raised any issues to relevant agencies. One relative told us staff made contact with required health professionals straight away.
- People played an active role in maintaining their own health and wellbeing. People's care plans detailed their independence and things they did to maintain their health.
- One relative told us how staff encouraged their loved one to exercise to help stop their legs deteriorating.

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

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. 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.

- Staff empowered people to make their own decisions about their care and support. Staff told us how people were supported to make everyday choices, such as their clothing and activities.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. People's records contained professional and relative input.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At our previous inspection we found people were not always treated with dignity and respect, as people ate meals at dirty over chair tables and chairs had fabric tears in them. Improvements had been made at this inspection and we found people were treated with dignity and respect.
- Staff knew when people needed their space and privacy and respected this. We saw staff knocking on people's bedrooms doors before entering. People's relatives confirmed staff respected and promoted people's privacy, dignity and independence. One relative told us, "[Person's name] is always really clean and tidy and that is what matters to me."
- People's care records included specific information to guide staff to meet people's needs whilst respecting their privacy and dignity and promoting their independence. For example, one person's care plan included when they were able to walk to the bathroom and the level of support required.

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

- Staff saw people as their equal and created a warm and inclusive atmosphere. One relative told us, "It is a difficult job, but the staff are absolutely marvellous."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff changed their approach when required to ensure people were treated and supported well.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. People's care plans also detailed environmental factors for staff to consider when supporting them, for example one person did not respond well when too many people were around them.

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

- Staff supported people to express their views using their preferred method of communication. Staff took the time to learn people's individual communication styles and gave people time to listen and process information.
- Staff supported people to maintain links with those that are important to them. People's relatives confirmed staff supported their loved ones to communicate and interact with them. The provider was also supporting one person to maintain their relationship with their girlfriend who lived in a different area.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. One person was not happy with their speech and language assessment, so staff supported them and arranged a reassessment. The person was much happier with the outcome.

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 good. At this inspection this key question has remained the same. 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

- People had some goals in place which were meaningful, and staff spent time with people understanding how they could be achieved. Management were aware of ensuring people had further specific short-and long-term goals and aspirations.
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them.
- People were supported with their religious beliefs without feeling discriminated against. One person for example, was supported to attend their local church for religious ceremonies.
- People's preferences were documented in their care records and guided staff to support people in their preferred ways.

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.

- Staff ensured people had access to information in formats they could understand. Information displayed and contained in people's care records were in easy read and pictorial formats. The management team were aware of the accessible information standard to ensure people had ways of understanding information.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Staff were aware of people's individual methods of communicating.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. For example, during different activities.

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

- Staff provided person-centred support with self-care and everyday living skills to people. People's care planned detailed aspects of their daily life where their independence was promoted.
- Staff ensured adjustments were made so that people could participate in activities they wanted to. People

were supported to communicate with each other, one relative told us, "[Person's name] likes to talk to their housemates, they can sign too where people communicate that way."

- People were supported to participate in their chosen social and leisure interests on a regular basis. Staff were aware of things people liked to do that were of an interest to them, such as going for walks, driving to a park and having a picnic. One person liked to purchase Digital Versatile Discs (DVDs) and Compact Discs (CDs), staff supported them in regularly updating their collection.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The provider displayed the complaints process around the home.
- People's relatives told us they had no concerns but knew how to raise anything if they did. One relative told us their loved one would say if something was going on, or if they had any issues.
- The provider kept records of any complaints or compliments, at the time of the inspection there were no ongoing complaints.

End of life care and support

- At the time of the inspection no one was receiving end of life care, some people had documents detailing their wishes and preferences although these were not consistently in place.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our previous inspection we found the provider's systems were ineffective in identifying issues we found around care records not containing professional input and safety concerns around the environment. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection the provider had made improvements to their systems to increase their effectiveness in monitoring the quality of the service, whilst improvements were made some improvement was still required.
- We found one person had not been weighed as required. Whilst we found no impact and the manager took immediate action to weigh this person and ensure their weight was monitored as required following our visit, the current systems in place had not identified this.
- We found some contradictory information and some gaps in people's care plans. For example, for one person there was missing information in relation to their night care plan. We also found missing information in relation to a person's protected characteristics, the manager had identified this, but not yet updated this information in the person's care plan.
- The provider had processes in place to complete regular audits and take action to ensure improvements were made. Since our last inspection the provider's quality team completed regular checks of the service to continue to make improvements.

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

- Since being in the post the manager and deputy manager were working hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- One person's relative told us, "It is generally so much better than some households, it is like a family, I feel it will be for the better under the new management too."
- Management were visible in the service, approachable and took a genuine interest in what people, staff,

family, advocates and other professionals had to say. One staff member told us, "It is different than six months ago, the new management take the pressure off, nothing could be better now".

- Staff felt able to raise concerns with managers without fear of what might happen as a result. Staff confirmed they could speak with the new management and raise any issues, they felt positive about the impact the new management would have on people who used the service.

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 service apologised to people, and those important to them, when things went wrong. People's relatives confirmed they were kept updated and informed of any incidents or concerns raised.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of our inspection the manager had been in post for six days and they were in the process of registering with us. The manager had the skills, knowledge and experience to perform their role and a clear oversight of the service and plans to make improvements.
- Staff were able to explain their role in respect of individual people without having to refer to documentation. We observed permanent staff guiding agency staff with particular aspects of people's care.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. We received notifications about significant events which occurred in the home.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. People's relatives confirmed they had regular communication with staff and management and were given opportunities to provide suggestions.
- Staff encouraged people to be involved in the development of the service. For example, people were asked for their input in ways to decorate their rooms.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. People's care records contained easy read documents titled, "Tell us what you think."

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped improve people's wellbeing.