Blue Sky Care Limited

Lawrence Mews

Inspection report

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Ratings

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

Overall summary

We inspected the service on 16 December 2014. Lawrence Mews is designed to accommodate up to 5 people in two separate units. They are registered to provide accommodation for persons who require nursing or personal care. On the day of our inspection 3 people were 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 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 and associated Regulations about how the service is run.

The environment was warm, clean and homely and the security measures protected people from intruders. People were safe and protected from avoidable harm by effective management which identified hazards and implemented suitable risk reduction actions. Staff were continually vigilant with care practices and had ways of reporting any concerns to keep people safe.

Summary of findings

People were supported by a caring staff team who knew them well, respected their decisions and protected their rights.

Staff worked alongside people, providing help and advice on healthy eating and promoting their health and wellbeing to enhance their quality of life.

People were treated as individuals, they had their care reviewed regularly to make sure it was still effective or if things needed to change. External health and social care professionals worked with the staff to make sure people received safe support when their behaviour put them or others at risk.

People had regular and unrestricted access to their family and their friends. They had opportunities to have the social and leisure activities they needed to lead a fulfilling life.

There was good leadership, management and mentoring. There was a positive culture where staff behaviour was constantly reviewed. The culture of the service recognised and valued the essential contribution of families and friends to the wellbeing of the person they cared about. The manager worked in partnership with the NHS and local authority in supporting people who used the service.

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?
The service was safe.

People were supported to be safe inside and outside of their home. They were protected from avoidable harm and had the freedom to take risks.

People were supported by sufficient staff to meet their needs and they received their medicines safely.

Good

Is the service effective?
The service was effective.

People who lacked capacity were protected under the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

People were supported by skilled staff and had good access to physical and mental health services.

People were provided with a balanced diet and staff promoted healthy eating.

Good

Is the service caring?
The service was caring.

People were helped to keep in touch with their family and friends. They were involved in decisions about their care and respected as individuals.

People could be confident that their dignity would be protected.

Good

Is the service responsive?
The service was responsive.

People were receiving personalised care in accordance with their wishes and preferences.

People were supported to share their experiences of the care they received and any concerns were taken seriously.

Good

Is the service well-led?
The service was well led.

People could be confident that staff understood and carried out their roles and responsibilities because of good leadership that inspired them to provide a quality service.

There was a positive and open culture where the manager put people who used the service at the heart of what they do.

Good

Lawrence Mews

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 16 December 2014 and was unannounced. One inspector undertook this inspection.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted Commissioners (who fund the care for some people) of the service and asked them for their views.

We spoke with one person who used the service, one relative, two care staff and the manager. We observed care and support in communal areas. We looked at the care records of two people who used the service, as well as a range of records relating to the running of the service including staff training plans and quality audits carried out by the manager and external managers. The recent feedback received by the provider from visiting professionals and relatives was also used.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate their views verbally.

Is the service safe?

Our findings

One person told us they felt safe and had no concerns about the way they were supported. A relative commented, "The staff keep my daughter safe, they treat her for who she is, that's very hard to find anywhere else."

Staff we spoke with demonstrated skill in their ability to keep people safe. Staff told us they would raise concerns or whistle blow if things were not right, illegal or if anyone at work was neglecting their duties which put people at risk of harm. They told us how they observed and challenged poor practice. "We report people we feel are not suited to work here, we can tell by their responses and how they communicate with people. We report any concerns to the manager who takes it very seriously." Staff training records showed the provider promoted best practice in protecting people by ensuring staff received regular training to recognise the different types of abuse and understand what to do if they suspected abuse was happening.

The Care Quality Commission have not been notified of any allegations of abuse at this service since we last inspected in February 2014.Records we saw showed that people who used the service were encouraged to report any concerns they had, they were being taken seriously and action was being taken to continuously improve the care they received. We checked the manager's investigation into a person's concern about hurried care delivery and found that the manager had done a thorough investigation which challenged the practice of staff and drove improvement. This reduced the potential for abuse by responding at an early stage and reducing the likelihood of any impact on people who used the service.

The provider and manager sought to continuously improve the way they protected people. We saw how managers from the provider's regional group had discussed safeguarding practice as part of a recent meeting and detailed guidance had been created for each of their services, this included information on abuse in a format that people who used the service could understand.

People who used the service were protected from avoidable harm but were free to take risks. A person told us they were able to make decisions about their lifestyle. Comments included, "They know I need help and they are with me if I go out anywhere." A relative told us, "My daughter is not isolated anymore, she goes out more and interacts more because staff observe her more so they know what triggers any problems with behaviour that may pose a risk to her or others."

From talking with staff and reading people's records we found that there were procedures in place that were consistently applied to keep people safe. Staff had worked hard consulting on people's best interests with those that mattered to them to be able to minimise any restrictions on people's freedom. Risk assessments were centred on the person. Goals were set and hazards were anticipated, identified, and managed well. For example, people were now safely supported to attend external health appointments. We saw records of detailed risk management to support people to be safe inside and outside of the home.

People who used the service could be confident that those around them who were caring for them were being well supported and supervised regularly. To make sure people were supported safely the manager regularly reviewed the support that people were receiving by attending various external and internal activities to observe how people were being supported, record what went well and what needed to improve. Learning logs were created to ensure that staff could improve the experience and safety of people.

The manager told us they were members of the Challenging Behaviour Foundation (CBF). Their vision is for anyone with severe learning disabilities who displays challenging behaviour to have the same life opportunities as everyone else. We saw how people who used the service were being supported to make decisions about their lifestyle. We read recent feedback from external NHS professionals which told us staff were developing positive relationships with people which helped them manage and minimise difficult behaviours. Records confirmed that when people had displayed difficult behaviours staff were working hard to find out what caused them so they could reduce their distress and keep them safe from harm. Staff were making sure people had access to external NHS care, supporting a multi discipline approach which is best practice for supporting people who have behaviours that challenge.

Risks within the environment had been considered and planned for to protect people from unnecessary harm. There had been no reported serious injuries at Lawrence Mews in the last year. The provider had a system in place to

Is the service safe?

monitor the environmental risks and look for ways to improve safety. This included visits by external managers every two months to review staff knowledge of safety measures for the people who used the service and the staff.

The manager was taking precautions to reduce the risk of injury from the environment that people lived in. We observed that chemicals that could cause harm were stored safely. External doors and windows were secure and people were asked to sign into the home. Fire equipment was regularly serviced. Gas appliances had been serviced and electrical equipment had been safety tested annually. Regular checks on vehicles were in place to ensure that risks were minimised. People had an emergency evacuation plan in place to ensure that staff could respond and protect them in any emergency.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks through the Government Disclosure and Barring Service (DBS) as part of their recruitment process. These checks were to assist employers in making safer recruitment decisions. I have moved it here as you are taling about staff. Staff we spoke with confirmed their criminal record checks were done before they started to work at the home.

People had their needs assessed and the number of staff they needed to support them was planned and delivered. Staff we spoke with told us there were plenty of staff to support the needs of people inside the home and to support them in their daily activities in the community. The staff told us that they were able to cover any unexpected absences with staff who knew people well. We observed staff supporting people safely in accordance with their needs.

One person told us they received their medicines when they needed them. People had been assessed as not being safe to manage their own medicines. Staff told us they received training to give people their medicines safely in accordance with best practice. Staff had their competency checked by the manager after they received training to ensure they were safe to undertake their role. Staff competency was checked every six months to make sure they were following correct procedures to administer medicines safely. There had been no reported medicine errors in the last year.

People were able to receive their medicines as prescribed and their medicines were always available because they were ordered regularly, recorded each time they were administered and destroyed in accordance with best practice. Staff understood what side effects to look for because they had a resource file of all the medicines in use.

We saw how medicines prescribed on an as required basis were properly monitored so that people's behaviour was not controlled by excessive or inappropriate use of medicines. Staff had clear guidance on how and when to use these medicines.

Is the service effective?

Our findings

A person told us, “The staff know me, it’s my home, we get on well and I have no reason to be afraid here. I was involved during the interview for my carer.” The service is a small community based setting which is considered best practice by the Department of Health.

A relative commented, “Staff are good they make sure she is cared for and treat her as an individual.”

Staff told us that they felt competent to carry out their roles and had not been left in situations they could not handle. They described a thorough and safe recruitment process had taken place with an induction training plan to make sure they were prepared for their role before they began to work with people. They described how the manager regularly checked their competency and observed their practice. Comments included, “The manager is absolutely amazing, and she is very supportive. My heart is in this work.”

We observed that people we could not communicate with verbally had positive moods indicating the staff were able to communicate effectively with them to make sure they were supported properly and their care was not compromised. We found that the manager had involved an NHS speech therapist and they were seeking out new technology and solutions to make sure that they could communicate effectively with people. Staff were putting their learning into practice to deliver effective and personalised care. Staff told us they had opportunities to learn in monthly meetings by discussing the different observations they had made in people’s communication. Examples of effective observation and improving a person’s life were given showing staff had identified some behaviours were as a result of the person experiencing pain. This had helped them seek advice and help to meet the person’s individual needs and prevent any further distress.

People’s consent was being sought in line with the law. We saw records showing that where a person was able to make a decision about their treatment that could be considered unwise, staff had supported their wishes in consultation with people that mattered to the person in line with the Mental Capacity Act 2005. The manager told us that the recording of all best interest decisions were being reviewed to make sure they were fully up to date and in line with legislation.

Where people were unable to give consent to their care their rights were protected. Parents of people who used the service told us they were fully consulted about the care being delivered and understood that they required supervision inside and outside of the home to keep them safe. We saw that the manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them to keep them safe.

The manager made sure that the training they provided reflected accredited organisations to make sure they were training staff to follow best practice. This included the British Institute of Learning Disabilities (BILD) accredited bespoke training to the staff, for example, positive behaviour support (PBS), autism and person centred thinking.

Records we saw showed that if people’s behaviour put themselves or others at risk of harm they were protected from excessive control or restraint. Staff told us they had been trained to deliver PBS approaches to manage behaviours that challenged. This method minimises the use of restrictive practices and reduces the use of restrictive physical interventions. This reflects the Department of Health guidance of a positive approach to encouraging a culture that is committed to ensuring restraint is only used as a last resort. Staff had links to NHS staff through working in partnership with the Community Learning Disability Team (CLDT). CLDT’s comprise of a range of professionals including a consultant psychiatrist and community learning disability nurse. We saw how a trained nurse from the CLDT had attended and provided the staff with training in managing the needs of an individual who had problems with behaviours that put them and others at risk. Together they had developed best practice strategies to keep the person safe, identifying what worked well. This included maintaining the person’s dignity.

Is the service effective?

People told us they were happy with the choice of food and we found they had opportunities to eat out when they wished. Relatives told us that staff were monitoring people's weight. We found that healthy nutrition was seen as important by staff. Each individual had their dietary needs assessed and regularly reviewed. Staff had worked with external NHS nutritionist staff to develop a picture menu to help people make an informed choice in respect of meals and drinks. Staff had been creative in obtaining smoothie makers to encourage people to increase their intake of fruit and vegetables.

People's right to get the healthcare they needed was supported. People told us that they went to see a doctor if they had been unwell and felt that they were getting help to stay well. Relatives reported how exceptional work had been done by the staff to make reasonable adjustments to provide the healthcare that a person needed .The relative told us, "The staff communicated with the hospital so well, I could not believe how well it all went. We had a parking space ready and went straight in and had the treatment, this was the best thing for my daughter. They even managed to do the necessary assessments that we have never been able to do before, simply unbelievable. This has meant she can now get the treatment she needs to stay well." Recorded feedback received by the manager from the hospital staff showed they praised the staff team who had supported the person. Recorded comments from external professionals told us that staff were managing the health needs of a person well which was a 'massive step forward for the person and a credit to the work of the staff team.'

Is the service caring?

Our findings

A person who used the service and a relative were positive about the caring attitudes of staff, comments included, "The staff know me and if I am agitated they put their arms around me and comfort me." Also, "I am helped to keep in touch with my family." Relatives commented, "I can drop in unannounced anytime, they are open and have nothing to hide. They treat her as the person she is, they are calm and give her space."

Positive relationships and personalised care planning were at the heart of care delivery. Staff spoke about the people they were supporting in a caring way, showing empathy and understanding. They described knowing people and those that mattered to them well. People told us, "Staff are really nice here." A relative told us, "They call me, I'm involved, they got to know my daughter and they wanted to learn from me too."

Staff dealt with things that mattered to people. For example, records showed how a person's individual needs required more time for them to complete certain tasks. Staff had clear guidance prepared after consulting with the person. This had ensured that the person's support was tailored to meet their needs. The manager reviewed the support being delivered and gave the person and staff feedback to make sure that the outcome was positive and empowering.

We observed staff communicating in a way people with complex needs could understand, calming them, directing them and making sure the interaction was a positive one for the person. Information on care planning and decision making was being provided to people in a format that they could understand.

Advocacy was viewed as important to help people with challenging behaviour and their families to understand the care available to them and make informed choices. People told us they were fully involved in making decisions and planning how they were supported. A relative commented, "They respect her dignity, they always involve me in decisions, they call me every week." Staff recorded how they spent individual time with people, giving them an opportunity to discuss things that were important to them. Records showed that they considered if people needed an advocate to support them to make decisions or act on their behalf.

People who used the service told us they could lock their room door for privacy and know that this would be respected by staff. People were able to decorate their rooms and were involved in planning the decoration of the communal rooms. We saw how people had personalised their rooms and had their own sitting or quiet room adjacent to their bedroom and bathroom. Personal care was risk assessed to enable people to have as much privacy as possible in the bathroom.

We saw how staff had access to policies on data protection and confidentiality to make sure they understood the law and respected confidentiality. Records were kept securely so that people's personal confidential information was protected.

Skills for Care works with care providers to develop the skills, knowledge and values of the social care workforce. They created the common core principles for dignity to support dignity in adult social care. These seven principles have been implemented at Lawrence Mews. The principles focus on the key values, attitudes, skills and knowledge required to provide the best care possible. The manager had systems in place to make sure the support people received was respectful and supported their dignity. Dignity champions had been appointed to act as role models and embed the core principles of respect, compassion and dignity. The manager was teaching and measuring the behaviours and skills of the workforce. Dignity observations were being completed focusing on the core principles of dignity. Staff had completed different observations and recorded how learning was taking place and challenging practices.

Is the service responsive?

Our findings

A person told us they were involved in planning to come to live at Lawrence Mews, they commented, "I came and visited, attended a social event, and had a meal here before deciding." External professionals comments were recorded showing that staff had showed professionalism and supported the rights of a person from the point of planning to come to live and finally moving to Lawrence Mews. The provider had provided clear introductions to the staff team.

Person centred approaches were an integral part of care delivery. Person-centred planning is an umbrella term referring to a variety of specific approaches to helping people who use social care services to plan their own futures. It encourages the involvement of non-professionals (family and friends) in the planning process. We found the staff had developed their interventions and support for each person based on their knowledge of the person, discussions with their relatives and consideration of their environment. They had taken time to get to know people well, understand their preferences and work from a point of what they could do, which is the cornerstone of personalised care. They used a multi-disciplinary approach because of people's complex needs to ensure the support was agreed with external professionals.

People were receiving personalised care through person centred planning approaches working in partnership with the person and those that mattered to them. Each person had their own plan which showed staff carried out various assessments, ensured they gave people time to discuss their strengths and plan optimistically for the future. The plans were thorough and reflected the person's individuality. Staff recorded people's decisions and identified where people were not happy with proposed treatments, taking action to protect their rights. The plans were being reviewed with people regularly and the manager was checking that the staff read the plans and understood the way each individual wanted to be supported.

Care was designed around people's needs and preferences. Records we saw and staff we spoke with showed that staff always spent time to observe people with complex needs, read their mood and identify signals to help them interact and know if the support they were providing was meeting the person's needs. Staff were able to tell us about these methods of communication and saw them as important so they could respond quickly to any changes in the person when they could not tell them verbally.

Staff had formed links with community NHS teams that meant they could refer people that may develop specific health problems quickly in a crisis to the right professional. Health action plans were in place to provide information to external professionals in any situation where treatment needed to be provided elsewhere.

People were encouraged to develop relationships and a social life that mattered to them. People told us that they were able to visit their family regularly and that their family visited them. People and staff talked about attending social events such as meals out, ice skating, and weekly disco's. The manager said, "We have invested in service vehicles to ensure we meet one of our values in that we are an activity based organisation."

Staff promoted people's social inclusion. Staff were working hard to establish times, events and activities that could meet the needs and preferences of each person. Each person had their own activity plan that they had been involved in making. Daily events were developing people's skills to go shopping, choose what they wanted to eat and use check outs in the local stores. Contacts made with different venues such as bowling allowed staff to go at times when it would be more suitable to meet people's needs.

Feedback recorded from a local community resource centre showed that staff had been supporting a person to undertake a range of activities there and encouraged them to try new things.

The service was responsive to people's needs and preferences. They had responded to feedback in different forms such as complaints and compliments. Each person had information on how to make a complaint. Each unit had a booklet for views or concerns to be recorded by people who used the service and their families. We saw one concern was recorded and this was responded to quickly and at the right level of management. Investigations were thorough and questioning.

Is the service well-led?

Our findings

People told us that they were happy with the care they were receiving. Relatives comments included, “My daughter now goes out more, her life is better here, she is much better than before she came here.”

The service had a registered manager in place.

People and their families were at the centre of the service provided, this was embedded into the care planning process to make sure that people received personalised care. We found that people and those that mattered to them were involved in the service and their feedback was being encouraged. Creative ways were explored to make sure people could voice their opinions through the use of technology if required. We saw how communication aids had been discussed with speech and language therapists so they could assist people to communicate.

The manager had created a culture where staff were able to challenge quality, safety and performance. Staff were supported to challenge poor practice without fear of recrimination. The manager had instigated reflective mechanisms such as observations of care delivery and dignity observations so that they could develop new ideas and ways of working to ensure the safety of people who used the service. Records showed that the manager had made checks on how staff delivered care and support to people inside and outside of the home to measure the knowledge, skills and competency of the staff to support people in a safe way.

We saw how the manager obtained, analysed and gave feedback to the staff team on the quality of the service, from a variety of sources. This included feedback from people who used the service, visitors, professionals, relatives and staff. This helped them identify their strengths, limitations and the impact the service was having on people who used it.

The provider achieved accreditation in the Investors in People Standard (IIP) in March 2014. Accreditation is awarded to organisations that promote IIP principles to develop a positive culture that promotes creativity, innovation and service excellence. They help organisations build a culture of autonomy and empowerment that builds leadership capability at every level.

The manager described how the approaches to staff recruitment and training demonstrated a strong focus on quality. We saw how people who used the service had been involved where possible in the recruitment of their own staff to support them. The manager was working with external colleges to develop a work academy. This would be able to advise them on ideal candidates for the job by pre- screening them to improve the selection process and ensure candidates were suitable for working with people with a learning disability or autism and behaviour that challenges.

Staff had confidence in the management and spoke of feeling happy and proud to work there. Staff were clear about their roles and responsibilities, also speaking about plans for improving the service. Comments included, “The manager is hands on, she cares about the people here. If we need to talk she makes time for all of us.” Records showed staff received regular supervision and appraisal from the manager, giving them time to reflect on their practice and plan any training needs.

We observed staff were comfortable approaching the manager throughout the day and saw that they were given support and direction. Records we looked at showed that the manager had submitted all the required notifications to us that must be sent by law.

The manager was actively seeking the views of others and working in collaboration with external professionals to ensure people had their rights protected such as, their right to access medical care.

There were robust audit systems to monitor the quality of the service. Audit is a process or cycle of events that help ensure people receive the right care. This is done by measuring the care and services provided against evidence base standards. Audits were completed by internal and external managers to ensure consistent standards were sustained.