

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Lawrence Mews

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3HT

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Date of Inspection: 05 February 2014

Date of Publication: February
2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Management of medicines	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Blue Sky Care Limited
Registered Manager	Mrs. Sara Crate
Overview of the service	Lawrence Mews is a care home for people with a learning disability. Lawrence Mews does not provide nursing care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 February 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We used a number of different methods to help us understand the experiences of people using the service, because they had complex needs which meant they were not able to tell us about all of their experiences.

We were supported by a staff member to speak with one person using the service. We also observed staff interacting with people. We spoke with two relatives, three members of staff and the manager. We also looked at care records and other information.

A member of staff facilitated us talking with a person using the service. When we asked the person using the service if they liked the home and if they were happy living there, they said, "Yes."

Both relatives told us they were really happy with the service on offer and the staff were nice and pleasant. They told us they felt involved in their relative's care and they were always kept informed. One relative said, "The manager tells the truth and I am glad of that, I am very happy with everything." The other relative said, "[My relative] is getting what they need, I am really pleased, I think [they] are safe and are being looked after."

We found that the people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We found staff supported people using the service to have a nutritious intake. People were also supported to be involved in food planning, shopping and preparation.

We found there had been improvements made to the building and the home was well maintained. Both relatives told us they were happy with the environment and they felt it was well maintained. One relative said, "They replace furniture when it is damaged." The other relative said, "It's a lovely place, [my relative] has lovely home."

There were sufficient staff available to support people and we saw that staff were attentive to people's needs.

We saw there had been an improvement in regards to record keeping and records were stored in a confidential manner.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

A member of staff facilitated us talking with a person using the service. When we asked the person using the service if they liked the home and if they were happy living there, they said, "Yes."

As we were limited in the discussions we could hold with people using the service we spoke with two relatives to gain their views about the care and support that their relatives received.

Both relatives told us they were really happy with the service on offer and the staff were nice and pleasant. They told us they felt involved in their relative's care and they were always kept informed. One relative said, "The manager tells the truth and I am glad of that, I am very happy with everything." The other relative said, "[My relative] is getting what they need, I am really pleased, I think [they] are safe and are being looked after."

We found that the people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We found that care plans were person centred and they outlined the support people using the service needed in respect of their complex needs. We also saw there was information about how staff were to support people to maintain their independence where able to develop their self-esteem. This meant that staff had the necessary guidance they needed to support people appropriately.

We saw relevant risk assessments were in place to support care plans to ensure staff were aware of any potential associated risks so they could manage these. This meant that staff had sufficient information to guide them to support the person as required.

Staff spoken with were able to discuss the complex needs of people using the service and how they supported them with these. They were aware of people's specific needs. They

also discussed what activities were on offer to people to facilitate links with the local community and to build upon life skills.

One relative told us that their relative was supported to go out into the local community and carry out activities which were personalised to them.

We saw the other relevant multidisciplinary specialists such as the dietician and GP were contacted as needed. We spoke with one relative about how staff supported their relative with health care needs. They told us that staff were proactive and advice was sought from another professional if needed. This meant that people were supported to ensure their healthcare needs were met.

Throughout our visit we saw staff engaged with people in a kind and considerate manner. It was evident that staff were aware of people's individual needs and the levels of support they needed. We saw staff communicating effectively with people and using sign language when required. Staff were attentive to people's needs and they supported them as appropriate. This meant that people were supported effectively to meet their needs.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We found that people using the service was supported to be able to eat and drink sufficient amounts to meet their needs and they were provided with a choice of suitable and nutritious food and drink.

On the day of our visit we saw staff offering one person different types of food and drink. There was evidence of staff promoting and encouraging a healthy and well balanced diet.

We found people using the service were involved in menu planning and shopping for the ingredients, either at local supermarkets or over the internet via on line services. This meant that people were supported to maintain their independence and make their own choices wherever able.

We saw that people were able to assist staff in the kitchen following appropriate assessments. This enabled people to maintain independence as able and promote their independence.

One relative told us that staff had been supportive in this area and the staff had contacted a dietician in regard to their relative.

We spoke with two staff about the needs of the people using the service in relation to their nutrition and hydration and they had a good knowledge of how they should support people with this. They told us that people were involved in shopping and some cooking.

We saw there were care plans in place about the specific support people needed in regard to their nutritional needs. The care plans offered staff clear guidance and information about the person's complex needs and how they needed to be supported with these. The care plans also outlined the life skills the person had and how staff were to support them to maintain and build upon these. This meant that staff had the necessary information they needed to support people appropriately.

We also found where necessary staff had sought additional guidance and support about people's nutritional needs from other multidisciplinary professionals such as the GP. Staff were also monitoring people's weight in line with the instructions in their care plan.

We found that although a menu was in place a change in this had been discussed as people using the service had changed. This meant people's individual needs had changed and this change would support their needs and preferences. We found therefore in the interim the menu was used more as a guide. People could choose what meals they wanted at each meal times and this was accommodated. This meant that people were facilitated to make individual choices at meal times.

We saw staff were keeping records of people's nutritional intake. There was evidence of staff encouraging and supporting people to eat a nutritious and well balanced diet.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were prescribed and given to people appropriately.

We were unable to speak with people about this outcome area. We therefore spoke with two relatives.

One relative told us they were always kept fully informed of events and the manager would call them if there were any changes to their relative's medicines and ask them for their opinion.

One member of staff spoken with who was responsible for the safe administration of medicines told us they had undertaken training in this area. They were able to demonstrate knowledge and understanding of the policies and procedures when we discussed these with them. Two members of staff were also aware of the procedures for the use of sedative medicine which may be used to manage behaviour that staff may find challenging. They discussed the protocol and what alternatives would be exhausted prior to staff considering giving this type of medicine. This meant that sedative medicine was being used in an appropriate manner.

Records we saw confirmed that staff had undertaken training in the safe use of medicines. We also saw that six monthly competency assessments were carried out to check staff's performance and understanding.

Medicines were kept safely. We looked at the medicine storage areas and temperatures were being monitored and recorded regularly and the temperature being recorded was within recommended safe limits. This meant that the effectiveness of medicines would not be compromised by being stored at the incorrect temperatures.

We looked at the Medicines Administration Records (MAR) and saw that each person had a record with information on any allergies and health care needs. There were no gaps in the signatures on the MAR which meant the medicines were being administered as prescribed by the person's doctor.

We looked at controlled medication and we saw records being kept by staff tallied with the actual medicines in the home. We saw that when a person needed to carry some of this type of medicine with them all the time that suitable arrangements were in place for when this medicine needed to leave the home. This meant that these medicines were being monitored as required to ensure they were not misused.

Appropriate arrangements were in place in relation to the recording of medicine. We saw where staff had made handwritten entries or changes had been made onto the MAR, these had been signed by the staff member and witnessed as being accurate by a second member of staff. Signing and witnessing the handwritten entry minimised the risk of errors being made.

We saw that when medicines were no longer required that appropriate systems were in place for disposal. This meant that medicines were disposed of safely and appropriately.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises

Reasons for our judgement

We found the provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

We were unable to speak with people using the service about this outcome area. We therefore spoke with two relatives.

Both relatives told us they were happy with the environment and they felt it was well maintained. One relative said, "They replace furniture when it is damaged." The other relative said, "It's a lovely place, [my relative] has lovely home."

The provider had made major changes to the building since our previous visit and the building had been re-furnished and split into two separate independent living areas.

During our tour of the home we found the environment was homely and well maintained. People's rooms were personalised and all areas of the home were decorated and furnished to a good standard. Where necessary toughened furniture had been purchased to ensure people's needs were met.

We saw there was a secure garden area which people could access at any time. One relative spoke of how this reassured them as they felt this helped in making sure their relative was kept safe.

We found that any maintenance was undertaken as required. Staff told us that any remedial work was carried out quickly.

We saw that relevant servicing and testing of equipment such as the electrical work, gas systems and fire alarm systems was carried out as required. This meant people were living in a safe and well maintained environment.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

We were unable to speak with people using the service about this outcome area; we therefore spoke with two relatives.

Both relatives were aware of the amount of staff needed to appropriately support their relatives. They told us that appropriate staffing levels were maintained.

We found there had been major changes to the accommodation and the home had been separated into two smaller living areas. To ensure that sufficient staff were available within each of these areas we found that staff were specifically allocated to an area whilst they were on duty.

We found that staffing levels were based upon the support needs of each person living at the home. Some people needed one to one care whereas others needed two to one care. We found that this was clearly identified on the duty rota and appropriate staffing levels were in place and these were being maintained.

Both members of staff told us they felt there were sufficient staff to be able to support people using the service. Staff also told us that they felt supported in their job role and they received the necessary training.

We observed that staff were calm and organised in their work and they were attentive to people's needs when they required assistance or support.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We were unable to speak with people about this outcome area. We therefore used other methods such as observations, speaking with the staff and the manager and looking at records to make our judgement.

We found people were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained. We found that care plans and risk assessments for people using the service were in place and were up to date. There had been improvements in the amount of information and guidance available in care plans and the evaluations. This meant that people's records were accurate and fit for purpose and staff had the necessary information they needed to support people appropriately.

We saw there had been an improvement in the completion of daily records and the recording of any incidents of behaviour that staff may find challenging. This meant that staff were documenting events to ensure these were followed up as needed to deliver care and meet people's needs.

We saw that records were kept securely within a locked office. This meant that records were stored securely in order to protect people using the service at all times.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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