

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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 unannounced 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 22 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

There was one person living at Lawrence Mews when we visited. Their learning disability had affected their communication and we therefore spent a period of time with them in their home observing their experiences and their interactions with the staff. We also spoke with care staff and management staff and looked at records.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People were supported in promoting their independence and community involvement.

We observed staff providing personalised care and support. They interacted with the person who used the service in a relaxed and friendly way. They used different forms of communication, verbal and non verbal. They adjusted how they spoke with the person and did not make assumptions about what they wanted. They checked things out with them and listened to them. This helped them to make their own decisions and wherever possible.

The staff knew the person well. They could describe their individual needs and they knew how to support them. What they told us corresponded with the information in the person's care plan.

Unnecessary restrictions were not imposed on the person's movements. The staff supported their privacy and independence. The provider may find it useful to note that we observed one item of the person's clothes did not fit well. At one point the staff stepped in to encourage them to adjust their clothing so that their dignity was not compromised.

The records we saw showed the staff supported the person using the service to receive visitors and enjoy access to the local community and other leisure facilities on a regular basis. Assessments were in place, alongside control measures, to help keep risks to a minimum.

There were records in place that demonstrated how the staff had considered the capacity of the person to make choices and where required had undertaken a best interest assessment in line with the Mental Capacity Act 2005. This helped to ensure that decisions were made in the persons best interests.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

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

The care plans contained an assessment of each of the person's needs. The assessment was regularly reviewed and updated when their care needs changed. Care plans identified risks in relation to the delivery of care and explained how these would be managed. This included the risks to the person and to others whilst in the community. The provider may find it useful to note that information was not collated separately in the context of the risks associated with people who use the service going missing whilst in the community. Incorporating this into practice would ensure that were this to happen, the police would have immediate access to all relevant information.

Accidents and incidents were recorded and monitored to ensure that learning took place to reduce the risk of them happening again.

The staff we spoke with knew the person using the service well and told us they felt supported, competent and able to meet the person's needs. The staff told us they could access the care plans whenever necessary and the documents provided them with clear guidance on the support the person required. The staff told us the person using the service showed a lack of understanding about the need for a balanced diet and made repetitive food choices, some of which were poor. The record of meals provided supported this statement. The provider may find it useful to note that the dietary care plan did not offer practical and nutritional guidance to enable staff to help the person who used the service to make good food and drink choices for themselves. In addition, there was no assessment of the staff's competence to cook well balanced meals.

The person had a health action plan (HAP). These are written for people with a learning disability to help identify actions that will make a positive difference to the health and well being of the individual. This also helped ensure the person's healthcare needs were anticipated and met. The provider may find it useful to note that there had been a missed health appointment because of a mis-communication between the current and previous care providers. We saw that admission documentation did not include existing health appointments and this meant the provider could not be confident that they could provide continuity of care when people moved to their service from a different provider.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The staff we spoke with confirmed they had received safeguarding vulnerable adults training. They were aware of and understood some of the signs of abuse and they explained the reporting process they would use if they had concerns. This showed that the organisation had taken reasonable steps to ensure that people were protected

The staff told us specifically how the person using the service was vulnerable and the measures in place to help protect them. The care plans included a section on protecting the person's finances.

The staff told us that they had received guidance on managing behaviour that challenged them. We saw they considered what triggered distressed behaviours and the staff were observant and sensitive to people's needs. The staff's explanation of the care and support they provided and the records we saw showed a very individual approach to the provision of care. The staff we asked all stated they did not use restraint and if this was ever considered necessary they would have training that was relevant to the needs of the individual. They all stated they used de-escalation or positive behaviour support and we saw this was recorded in care files.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

We saw a learning and development record for all staff disciplines. We also saw that newly appointed staff had received an induction to ensure they were clear about their role and responsibilities. We saw that training had been provided and more was planned to enable them to perform their job safely. Staff told us they could request other training that was relevant to their role and that was appropriate to the care they gave. This meant that staff were being supported through training to carry out their role effectively.

The staff met with their manager each month to discuss their performance and their development. They told us there were also other opportunities outside of their regular supervision to discuss their role and any other issues of concern. We were told the management team provided appropriate support and guidance and would help them to study toward obtaining recognised qualifications in health and social care.

We were told about staff away days that had taken place to provide staff with an opportunity to reflect on their work and the impact it has on people who used the service and provide opportunities for team building.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider had systems for gathering, recording and evaluating information about the quality and safety of the care, treatment and support the service provided.

The manager showed us examples of the quality checks that were in place to identify, assess and manage risks. These included comprehensive monthly quality checks of the operation of the home incorporating environmental checks with risk assessments; records and record keeping; staffing; staff training and supervision. The provider may find it useful to note that the quality audits had not picked up that some staff had used language in their daily running records that described the person they supported in a child like or unhelpful way, for example referring to them as, "Well behaved" or "Hypo". This meant the person was not being respected as an adult.

The provider sought the views of people who used the service and although the language was simplified to ease understanding, people still needed assistance to complete the survey. We were told it was the staff that supported people to make their views known. We saw that the responses to one quality survey corresponded to information on the person's likes and dislikes identified in their care plan. The provider may find it useful to note that the communication care plan did not include an assessment on the person's abilities to provide feedback; the support they would require and who should provide this support. This meant that consideration had not been given to the testing of the most appropriate method for capturing responses from individuals who use the service. We saw there was a dignity team that considered the formats that were most useful to encourage understanding and involvement in care planning and other processes. The format of survey questionnaires were not included in these discussions however the minutes suggested staff were open to exploring a range of options to engage with people who used the services.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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