

Blue Sky Care Limited

# Lawrence Mews

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

We carried out an unannounced inspection of the service on 12 May 2017. Lawrence Mews is registered to provide accommodation for up to five people who require accommodation or personal care, all of whom had a learning disability. At the time of the inspection there were five people living at the home.

On the day of our inspection there was 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 2008 and associated Regulations about how the service is run.

The risk to people's safety was reduced because staff understood the procedure for reporting concerns, had attended safeguarding adults training and could identify the different types of abuse. Risk assessments had been completed in areas where people's safety could be at risk, including the environment and risks to their day to day health. Accidents and incidents were investigated. People had the freedom to live their lives as they wanted to. Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe. People's medicines were managed safely.

People were supported by staff who felt well trained and supported by the registered manager to carry out their role effectively. People and their relatives felt staff understood how to support them effectively.

The registered manager ensured the principles of the Mental Capacity Act (2005) had been applied when decisions had been made for people. The registered manager was aware of the requirements to apply for and implement Deprivation of Liberty Safeguards.

People were encouraged to lead a healthy and balanced lifestyle and support was in place for new people to the home to help determine their food likes and dislikes. People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

People had excellent, meaningful relationships with the staff. People were treated with respect and dignity and staff were very kind and caring towards them. Staff understood the importance of providing dignified care and support and did so to a high standard. People were encouraged to lead independent lives and care and support was tailored to enable people to do so. Innovative methods were used to communicate with people and there were individualised processes in place to help people understand and contribute to, decisions about the care. All people were treated equally with staff having an excellent awareness of how to respect people's rights. People were provided with the information they needed if they wished to speak with an independent advocate, to support them with decisions about their care. People's friends and relatives were able to visit whenever they wanted to and people were supported to develop and maintain relationships with family and friends.

People received excellent person centred support focused on what mattered most to them. Clear processes

were in place to ensure that people had a smooth transition when moving into the home. People's care and support needs were frequently discussed with them and progress on achieving their goals was regularly reviewed. People were encouraged to take part in activities that were important to them and staff provided as much or as little support as people wanted. People were provided with the information they needed, in a format they could understand, if they wished to make a complaint.

People, relatives, staff and health and social care professionals spoke highly of the registered manager; they found her to be dedicated, approachable and supportive. The provider, via their Head of Care demands excellence and registered managers were provided with the resources needed to aim high and to achieve the best possible results for all. The registered manager understood their responsibilities and ensured people, relatives and staff felt able to contribute to the development of the service. People were supported to be valued members of their local community. The continued development of the skills and performance of the staff was integral to the success of the home. People who used the service were invited to attend staff meetings and forums with the aim of improving staff performance. Quality assurance processes were in place which were based upon the vision of improving the lives of all people living at the home.

## 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.

The risk to people's safety was reduced because staff understood the procedure for reporting concerns, had attended safeguarding adults training and could identify the different types of abuse.

Risk assessments had been completed in areas where people's safety could be at risk, including the environment and risks to their health. Accidents and incidents were investigated.

People had the freedom to live their lives as they wanted to.

Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who felt well trained and supported by the registered manager to carry out their role effectively. People and their relatives felt staff understood how to support them effectively.

The registered manager ensured the principles of the Mental Capacity Act (2005) had been applied when decisions had been made for people. The registered manager was aware of the requirements to apply for and implement Deprivation of Liberty Safeguards.

People were encouraged to lead a healthy and balanced lifestyle and support was in place for new people to the home to determine their food likes and dislikes.

People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

### Is the service caring?

Outstanding ☆

The service was very caring.

People had excellent, meaningful relationships with the staff. People were treated with respect and dignity and staff were very kind and caring towards them. Staff understood the importance of providing dignified care and support and did so to a high standard.

People were encouraged to lead independent lives and care and support was tailored to enable people to do so. Innovative methods were used to communicate with people and there were individualised processes in place to help people understand and contribute to, decisions about the care.

All people were treated equally with staff having an excellent awareness of how to respect people's rights.

People were provided with the information they needed if they wished to speak with an independent advocate, to support them with decisions about their care.

People's friends and relatives were able to visit whenever they wanted to and people were supported to develop and maintain relationships with family and friends.

### **Is the service responsive?**

The service was very responsive.

People received excellent person centred support focused on what mattered most to them. Clear processes were in place to ensure that people had a smooth transition when moving into the home.

People's care and support needs were regularly discussed with them and progress on achieving their goals was reviewed frequently.

People were encouraged to take part in activities that were important to them and staff provided as much or as little support as people wanted.

People were provided with the information they needed, in a format they could understand, if they wished to make a complaint.

**Outstanding** 

### **Is the service well-led?**

The service was very well-led.

**Outstanding** 

People, relatives, staff and health and social professionals spoke highly of the registered manager; they found her to be dedicated, approachable and supportive.

The provider demands excellence and registered managers were provided with the resources needed to aim high and to achieve the best possible results for all.

The registered manager understood their responsibilities and ensured people, relatives and staff felt able to contribute to the development of the service.

People were supported to be valued members of their local community.

The continued development of the skills and performance of the staff was integral to the success of the home.

People who used the service were invited to attend staff meetings and forums with the aim of improving staff performance.

Quality assurances processes were in place that were based upon the vision of improving the lives of all people living at the home.

# 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 12 May 2017 and was announced. We gave the provider notice to ensure they, their staff and the people living at the home were available during the inspection.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We spoke with two people who used the service, two relatives, three members of the care staff, the registered manager and the Head of Care who was a representative of the provider and two visiting professionals.

We looked at all or parts of the support records and other relevant records for all five people who used the service, medicines records for three people as well as a range of records relating to the running of the service. We also reviewed staff records.

After the inspection we contacted four further health and social care professionals for their views about the quality of the service provided and two responded to us.

## Is the service safe?

### Our findings

All of the people, relatives and the healthcare professionals who visited the home felt they or people living at the home were safe. One person said, "I feel much safer here than I did at the other place." A relative said, "I have no concerns at all here. The home is secure and [my family member] is safe."

People were supported by staff who understood the types of abuse people could face and knew the procedure for reporting concerns both internally and to external bodies such as the CQC or the local authority safeguarding team. Records showed a safeguarding adults policy was in place and that staff had received safeguarding of adults training, which ensured their knowledge met current best practice guidelines.

People's support records contained assessments of the risks to their safety. These assessments included; the risk people faced when in the community, travelling in vehicles and their dietary requirements. All assessments were regularly reviewed. Regular assessments of the environment people lived in were conducted to ensure that people were safe. Regular servicing of equipment such as gas installations and fire safety and prevention equipment were carried out and we saw these had been conducted within the last year. External contractors were used to carry out work that required a trained professional. The home was secure. People were able to access parts of the home that did not restrict their right to freedom, however rooms such as where medicines were stored were locked to prevent people accessing them and causing themselves harm.

People had individualised personal emergency evacuation plans (PEEP) in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner. These plans took into account people's physical and cognitive ability and were regularly reviewed.

The registered manager carried out regular reviews of the accidents and incidents that occurred at the home. Regular analysis was conducted to identify any themes or trends which would enable the registered manager to put preventative measures in place to reduce the risk of reoccurrence. Where more serious incidents had occurred the provider's quality assurance systems looked at the patterns of incidents and whether they were reducing, and alternative strategies were used within the home. This system has been under constant review to aid in the understanding of how the different homes from within the provider's group manage different challenges. This process also supports the professional development of the registered manager at Lawrence Mews and other registered managers within the organisation.

People told us they felt there were enough staff in place to support them when needed. A relative said, "There are always staff here, always someone to help." During our inspection visit we observed that staff responded to people's requests for assistance quickly and there were always enough staff to support people safely. Where people received continuous supervision, (sometimes referred to as one to one support) staff were always present reducing the risk of the people experiencing avoidable harm.

Assessments of people's needs were carried out regularly with changes to staffing numbers implemented to

meet these needs. We saw an extra staff member was in place on the day of the inspection due to an activity taking place outside of the home that required more staff. We spoke with this staff member and they told us the staff numbers were sufficient to meet people's needs, but extra shifts were covered by the flexible team of staff. We checked the staff rotas and saw the number of staff working on the day of the inspection was in line with what was recorded.

Safe recruitment processes were in place that reduced the risk of unsuitable people working at the home. Records showed that before staff were employed, criminal record checks were conducted. The PIR stated that all criminal records checks were renewed every three years. This enabled the registered manager to be aware if a staff member had committed an offence that could impact on their suitability to support people safely. Other checks were also conducted such as ensuring people had sufficient references and proof of identity.

A relative told us they were happy with the way their family member's medicines were managed at the home. They also said, "They [staff] make sure [my family member] has the medicines when they need them." Our observations of a staff member assisting people with their medicines showed that safe administration processes were in place.

People's medicine administration records (MAR), used to record when people have taken or refused their medicines, were appropriately completed. We found medicines records contained a photograph of each person to reduce the risk of misadministration, along with details of how they preferred to take their medicines and any allergies they may have that could cause them harm if not appropriately managed by staff.

Records showed that staff who administered medicines had received the appropriate training. Competency assessments were in place to regularly monitor the ability of staff to administer people's medicines safely.

People's medicines were stored safely. Regular checks of the temperature of the room and fridges where the medicines were stored were carried out. These were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold. We found the temperatures recorded were within safe limits.

Processes were in place to support people who received some medicines on an 'as needed' basis. 'As needed' medicines are only used when needed for a specific situation, such as intermittent chest pain, constipation, or pain. Records showed the administration of these medicines was carried out in line with the requirements as recorded in people's records.

## Is the service effective?

### Our findings

People and their relatives told us they were happy with the way staff supported them or their family members. One person said, "The staff leave me to things when I want to be alone, but also make me laugh when I am sad." A relative said, "They have an excellent team of staff here."

Staff told us and records showed that they received a comprehensive induction and on-going training programme. All new staff had either completed or were in the process of completing the care certificate. The care certificate is a set of standards that social care and health workers stick to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Staff training was varied and adapted to meet people's changing needs. Courses focusing on supporting people living a learning disability and autism were just some of the specialist training courses staff completed. Staff were encouraged to undertake external professionally recognised qualifications such as diplomas (previously NVQs) in adult social care as well as other external qualifications designed to further enhance the skills of each member of staff. The continued development of staff ensured the care they provided people with was effective and in line with current best practice guidelines.

Staff told us they felt supported by the registered manager and received regular supervision of their work. Records viewed showed staff received regular supervision as well as an annual appraisal. These processes enabled the registered manager to monitor the on-going performance of their staff as well as the opportunity to discuss their performance over the previous year.

Staff described the training and supervision process. One staff member said, "The support you get from the manager and the team leaders is outstanding, everyone is so nice."

People's records showed their ability to make informed decisions about their care had been assessed and where people were able to make decisions for themselves these had been recorded and acted on. One person said, "If I want to do something the staff help me to do it." A relative also felt their family member's wishes were acted on. We observed staff acting on people's wishes throughout the inspection. When people could not make decision for themselves, they acted in accordance with The Mental Capacity Act 2005.

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. We checked whether the service was working within the principles of the MCA.

In each person's support records we saw their ability to make decisions had been assessed in line with the principles of the MCA and support plans were in place that ensured people were supported in a way that was in their best interests. The decisions included people's ability to manage their own finances, accessing the community safely and managing their own medicines.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Records showed that DoLS applications had been made for people whose safety would be at risk if they went out in the community on their own. We looked at the paperwork for two of these people and saw the staff adhered to the terms specified. Records also showed that all staff had received MCA and DoLS training and the staff we spoke with had a good understanding of the MCA and knew how to implement it effectively into their role.

People and their relatives spoke positively about the food and drink provided at the home. One person said, "I like the food here but I also like to go out for meals with the staff and my family." A relative said, "They seem to have the food they like here and the staff do give them healthy options."

Due to the limited time three people had lived at the home and the limited information held for them in relation to their food and drink likes and dislikes, 'food learning logs' were in place. Staff trialled a number of new foods with each person to determine whether each person liked them or not. People's reactions were recorded and trends formulated to identify the more popular foods. These logs had been successful with two of the people, who were underweight when they arrived at the home, now seeing a steady increase in their weight. The registered manager was pleased with the outcome of this trial and praised the staff for their patient approach in identifying suitable foods for each person.

Where people had been identified as being at risk of malnutrition or dehydration, records of their food and fluid intake was completed to enable staff to identify significant increases or decreases in their consumption. However we did note that the total amount consumed each day was not always recorded. The registered manager told us they would review this process to ensure the amount consumed was monitored more closely and people were receiving the recommended safe daily amount. People were weighed regularly and we saw the input of GPs and/or dieticians had been requested to give guidance for staff to support people where concerns about their food intake or weight had been identified.

Staff had undertaken a nationally recognised qualification in food safety. Detailed dietary information for each person was recorded, including information about allergies and food intolerances; food likes and dislikes and any assistance they required with eating and drinking.

The kitchens were stocked with a wide variety of fresh fruit, vegetables, meat and snacks. People had access to fresh water, juices and hot drinks throughout the day. We saw people were regularly offered drinks.

People's day to day health needs were met by staff. People had health action plans which were detailed and used to monitor people's on-going health needs such as regular visits to the dentists, GPs and other health care professionals. When people required a visit to hospital an information pack was provided for them to take with them. This provided health professionals with an overview of each person's health needs, allergies and communication needs to ensure they received safe and effective health care as soon as possible. Guidance was in place for staff to support people living with conditions such as epilepsy.

A relative we spoke with told us they were pleased with the way staff supported their family member with their day to day health needs. A healthcare professional told us they had no concerns with the way people's health was managed by the staff.

## Is the service caring?

### Our findings

People who used the service and the relatives we spoke with all felt the staff were kind and genuinely cared about them or their family members. One person who used the service said, "I think the staff do seem to like me." Another person smiled when we asked if they liked the staff. A relative said, "The staff are lovely. They are really caring and always have [name's] best interest at heart." A healthcare professional said, "The staff are genuinely caring and really have an interest in improving people's lives."

A passion for providing care that was person centred and helping people to express their views was evident in the approach of all staff. Records showed and our observations confirmed innovative and inclusive methods were in place that enabled all people to express their views about their care and support needs. A process called 'Talk Time' was used. This process enabled people to meet with a staff member of their choice and to facilitate involvement in day to day and where possible, more significant long term decisions about their care and support. We looked at a number of the records where 'Talk Time' had been used. It was evident that decisions were made with people and not for them. People were an integral part of the decision making process. Decisions such as the activities they liked to take part in to the support needed with accessing the community were just some of the examples where this process was used effectively. Where actions had been agreed these were always reviewed to ensure staff were held accountable. This contributed to the development of trusting relationships between staff and the people they support.

Where people were unable to communicate their wishes verbally, other innovative and creative methods of gaining their views were in place. For example, a person who was new to the home arrived with very little guidance on how to communicate with them. The registered manager immediately set up a research project with staff monitoring the person closely, without becoming intrusive, and recording the way they reacted to certain situations, how their body language changed and whether they made any specific sounds. Through this research it was determined that the person could communicate using 'Makaton'. Makaton is a programme of signs and symbols which is used as a form of communication. As a result the registered manager immediately booked training courses for their staff. Records showed the person now used Makaton and other personalised signs, symbols and pictures to communicate their wishes. This had resulted in the person being able to better communicate their needs and wishes to staff and an improved their quality of life. This patient and caring approach to understanding the person's communication needs had also ensured they were not discriminated against and offered the same opportunity as others to express their wishes. We noted a record of a visiting healthcare professional stated, 'In my role it is rare to come across a staff member that is so skilled at communicating with people [living with a learning disability].'

People were supported to become fully involved with decisions that could affect them and the people they lived with. Creative methods were in place to ensure that people felt their views were valued and that they mattered to the staff who supported them. For example, during a recent recruitment drive people were asked if they would like to take part in the interviews process for prospective new staff. One person volunteered and staff then worked with them to devise their own questions in the format they wanted to use. We saw examples of the pro forma the person had devised and the registered manager told us the person's input formed an important part of the recruitment process. We also saw the letters sent to

successful applicants included the name of the service user as well as the registered manager which further included the person in the process and showed their input was valued.

There was continued development of the provider's team of staff to ensure people were provided with compassionate, dignified and respectful care and support at all times. People using the service were always part of this process. For example, one person and their relative had been invited to the provider's annual staff forum to address staff from across the provider group. The registered manager told us they would be devising their own presentation focusing on, 'The Support – What it means to me', which they told us would help staff to understand the impact of the care provided on the people they supported. Additionally, people have been invited to attend staff meetings to give their views on the way staff supported them. We saw one person had recently attended to give staff feedback on how they could improve the way staff provided people with dignified care. Points raised by this person were then used to inform further staff meetings and supervisions. This inclusive approach ensured people's views were at the heart of everything the service does with the aim of continued improvement and development of the staff.

The people we spoke with, their relatives and healthcare professionals all felt staff treated people with dignity. One person said, "They treat me nicely. They are nice to me." A relative said, "They absolutely have people's best interests at heart here. Never issues with dignity at all." The healthcare professionals we spoke with were all positive about the approach of the staff.

People were provided care that was dignified and respectful with the provider and the registered manager continually looking for ways to develop the skills of the staff. A 'dignity champion' was in place. A dignity champion is a person who believes that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. The dignity champion met with other dignity champions from the within the provider group to discuss examples of good practice and also to learn from each other, resulting in a higher standard of dignified care for all. The PIR described the role the dignity champions undertook. 'Dignity meetings are held regularly which look to influence the dignity champions to feedback to staff evidence of good practice, with the continued input from service users on how they would like their support to be delivered.'

Further development in this area was planned. The provider's representative, the 'Head of Care', (HoC) told us they had recently contacted Healthwatch to design a bespoke inspection of Lawrence Mews and other services within the provider group designed to further improve staff performance in relation to providing caring, compassionate and dignified care and support. Healthwatch is the national consumer champion for health and social care. They have powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. The HoC said, "We are paying for this for an across the board review to add value to the quality of the service people receive as a whole. We are constantly looking to improve our service and we see dignified care as one of the most important areas to continually improve on."

Staff we spoke with could explain how they provided compassionate and dignified care and support for people. They spoke passionately about the people they supported and showed a genuine warmth and empathy for all of the people living at the home. We observed many instances of compassionate, caring behaviour from staff towards people. We saw a person who was unable to verbally communicate become agitated and distressed. The staff member knew immediately how to reassure the person and did so respectfully and effectively.

Supporting people to maintain meaningful relationships with family and friends was a key aim of the provider. Where people were unable to manage these relationships for themselves, support was in place

from staff. For example, when two people were due to leave their previous home; the registered manager requested they came to live at Lawrence Mews. They did so as they believed it would be in the best interests of each person. This was because other family members lived at another service within the provider group and the registered manager told us they felt it would benefit them all by being able to re-engage with their family. Since living at the home, these people meet with family members regularly, going out to activities together, such as family meals and outings. During the inspection we saw the family all together as they were about to go out for lunch. They were all extremely happy to see each other. The registered manager told us they were proud of the work they and their staff had done to reunite the family and had overcome many obstacles to do so.

Other people within the home were also supported to maintain or develop contact with family members. One person had requested help from staff to see a particular family member who they had lost contact with. This was risk assessed and the person now saw their relation regularly. A staff member said this had a positive impact on this person's wellbeing. Many events and special occasions were catered for at the home, one person celebrated a significant birthday celebrated with a garden party with family and friends all invited. This approach helped all people living at Lawrence Mews maintain and improve relationships with family members.

Information was provided for people, in an easy read format, about how they could access advice from an independent advocate if they wanted it. Advocates support and represent people who do not have family or friends to support them at times when important decisions are being made about their health or social care. During the inspection we saw and spoke with an advocate who was visiting a person at the home in relation to a specific decision being made for them. The advocate praised the approach of the staff. They also said, "The staff are excellent here. They work with me really well to help build a plan that is always in each person's best interest."

High quality and individualised end of life support was available for all people if they required it. Discussions have been held with people where able, to determine the support they would like when nearing the end of their life. We saw people had made choices on the type of music they would like and other specific areas of support from staff. For people with limited communication needs, other methods such as the use of signs and pictures were used to explain the process, along with consultation with family members. The registered manager said, "Although the people here are not likely to need this plan any time soon, we want to make sure that their individualised choices are respected and provided." Records showed staff had received end of life training.

People felt empowered to lead their lives in the way they wanted to. People's care records contained assessments of their ability to undertake tasks and to make decisions about their life independently of staff. A relative told us they thought staff encouraged and supported their family member to be as independent as possible and had made a significant improvement to their life. They told us their family member was now more sociable, interacting with others and wanting to go out and be part of their local community much more than they previously had done.

Promoting people's independence, involving them in decisions about their care and using innovative ways to help people achieve their hopes and dreams was evident in all the staff, the registered manager and the provider did for people at the home. Staff spoke passionately about the impact their support has had on all of the people living at home. Simple but effective examples such as a person who had previously been unwilling to contribute to domestic tasks around the home now volunteering to do so and a person having limited confidence to now being able to book their own hairdressing appointments; meant people led fulfilling and empowered lives.

People told us staff respected their privacy when supporting them. People told us staff always knocked on their door before entering and we saw staff leave people alone when they asked to be. The registered manager told us people's relatives and friends were able to visit them without any unnecessary restriction. We saw and spoke with a number of visitors throughout the inspection.

## Is the service responsive?

### Our findings

People had an exceptional quality of life at Lawrence Mews as a result of the innovative and creative approaches to identifying and understanding people's needs and wishes. Detailed and flexible arrangements were in place that ensured, as far as possible, when new people move into the home, everything was in place to provide them with the care and support needed to give them the best quality of life. The relatives we spoke with all felt the staff and the registered manager went the extra mile to ensure their relative received high quality, person centred care and support. One relative said, "Overall [my family member] is very well looked after. They have gone well over what I would expect. [My family member's] health has vastly improved." Another relative said, "This is 150% the best place [name] has ever been to. Having experienced so many other homes, I'd say they have got it so right here." A healthcare professional said, "This is the best placement my client has ever had, the support with managing behaviours that may challenge as well developing their social skills and activities is really very good."

Records showed three of the five people living at the home had been there for less than a year and all arrived as emergency placements due to the closure of a previous home. The registered manager told us they agreed to take two of the people due to them having family members in another service within the provider group and they felt this would have a positive impact on their life. They also agreed to the third person coming to the home as all three had lived together for a number of years and they did not wish to separate them. The registered manager acknowledged this posed significant challenges for them and their staff due to the lack of detailed information provided to assist the transition and limited time to get to know each person. Information about their specific health needs, favoured activities, likes and dislikes, food and drink preferences, social skills, ability to undertake their own personal care and many other areas necessary for the staff to be able to support them effectively, was either not provided or in some cases wrong. Immediate action to rectify this was taken. Prior to the transition to the new home, staff spent as much time with them as possible, monitoring their behaviour and helping them to formulate a clearer picture of how each person needed to be supported. Upon arrival at the home, further detailed monitoring took place that enabled staff to identify patterns in behaviour, previously undiagnosed medical conditions and sought immediate guidance from a wide range of health and social care professionals.

The registered manager told us they were particularly proud of the extensive work they and their staff had put in place to support these three people. They also said, "Where these types of transitions normally take place over a matter of months for one person, we have managed three in the space of a couple of weeks. I am very proud of the impact we have had on their lives." Everything we observed, the records we read and the people we spoke with supported this view. It was also pleasing to note that the other people living at the home were fully supported with the integration of the three new people to the home. They helped staff with the re-decoration of the home, helped to choose new furnishings and were supported as much as possible with the changes that would take effect. One person told us with great pride how much they enjoyed stripping the wallpaper within the home ready for the new arrivals.

Records for the three people who recently moved to the home, showed significant and consistent reductions in behaviours that may challenge. There were also improvements in the variety of food each

person ate, resulting in two of three, who had previously been underweight, now gaining weight steadily and healthily, and improved social skills with all now more willing to interact with staff and others within the home. The improved interactions and communication with staff was one of the most significant improvements for all three people. Due to the sustained monitoring of each person's behaviour and body language, people were now able to interact with staff in a meaningful way. Staff understood through non-verbal communication such as the tapping of a hand what this meant for each person and they were able to respond effectively. We observed staff interacting with all people very effectively and this ensured people were not discriminated against as a result of their learning disabilities. This contributed to people being able to feel consulted, empowered, listened to and valued in their day to day lives.

It was clear from our observations, reviewing of records, speaking with staff, the registered manager and a representative of the provider that the on-going improvement to all people's lives was a fundamental aim of this service. People received the highest quality care and support to lead meaningful lives. People's mental or physical health conditions were not seen as barriers, but areas for staff to focus on to ensure exceptional outcomes for people. We saw numerous examples where creative, innovative and person centred approaches to care and support planning had improved people's quality of life. For example, a person prior to moving to the home had declined dental treatment and declined to have their finger nails cut. When they came to the home they continued to refuse to have these issues addressed, which was having a negative impact on the person's personal hygiene. With the patient support and reassurance of staff this had been addressed improving the person's health and promoting their dignity. A health care professional said, "It's very clear that the staff know [name]. The support plans are really detailed. It's obvious a lot of effort is in place to find out how best to support [name] and for them to develop."

Another person had started to develop a fear of fire within the home, which was having a very negative impact on their life. Staff reacted quickly to this, asking the person if they wished to attend a fire awareness course to offer reassurance and to help reduce their anxiety. They did, and the registered manager told us this had a very positive impact on the person. Furthermore, the person attended a staff meeting to inform staff of what they had learned and how the risk of fire could be reduced at the home.

Staff had an excellent understanding of the need to ensure that people's social and cultural diversity, values and beliefs were respected when decisions on how they may want to receive care and support were taken. Whilst people did not currently have any current specific cultural or religious needs that needed to be taken into account this was constantly under review. The registered manager said, "We have created a culture that allows each person to be part of an open and transparent environment." Records showed these issues were regularly discussed during staff supervisions, team meetings and senior management meetings.

Ensuring people were treated equally with no discrimination was a fundamental aim of the provider. People were provided with the information they needed to inform them of their human rights and how they should expect them to be respected by staff. Staff had all completed equality and diversity training, providing them with the skills needed to ensure people's rights were protected. The registered manager said, "I strive to make sure people are not subjected to unlawful harassment discrimination and potential victimisation. I raise the awareness of all staff to ensure that part of their role is to protect people ensuring their human rights are not breached." Throughout people's records we saw regular reference to protecting people's human rights and this was a regular topic for discussion at staff and senior manager meetings.

Innovative methods were used that enabled all people to take an active role in the development of their care and support planning, with people's wishes and personal preferences at the centre of everything the staff do for people. For people that were able to verbally communicate their wishes, regular meetings were held with their keyworker or other members of staff where appropriate; to discuss their care and support

needs, but also their longer term aims and goals. For example, one person told staff their dream was attend to college. Staff had attempted on numerous occasions to obtain funding from local colleges for this. This had proved unsuccessful. However, staff did not stop as this was clearly very important to this person. Eventually this funding was secured and the person attended college for a year in a course of their choice. A staff member told us this had greatly improved the person's confidence and helped them to feel part of their local community. We saw innovative methods were in place to support all people who were unable to verbally communicate their wishes when planning their care. Makaton was used to help one person communicate their wishes, whilst another person drew pictures about things that were important to them to help staff to understand their wishes. Records showed consistently when people had made their wishes known; immediate action was taken to support them.

People and their relatives told us and records showed that wide ranging, individualised activity programmes were in place for each person living at the home. One person said, "I like to go to the cinema and bowling." A relative said, "[My relative] lacks motivation but the staff have really helped to get [name] to do stuff."

The provider's approach to activities was innovative, person centred and inclusive and ensured all people were encouraged and supported to do the things that were important to them. Staff spoke passionately about the way they empowered people to choose what they wanted to do and the positive impact those decisions consistently had on all people's lives. Creative ways to support people effectively with their activities were also in place, with guidance provided for staff if people become reluctant to take part or chose not to finish their activity. For example, for one person 'Talking Stories' were used for a person who had got into the routine of not moving for long periods of time, before, during and after an activity, increasing their agitation. These stories were used to explain to the person what was expected of them on the build up to the activity as well as during and afterwards and the registered manager told us had proved very effective and made the activities more enjoyable for all.

We saw numerous examples where staff, with the full support of the registered manager and the provider, had responded to people's views about their activities and provided creative and responsive approaches to their choices. Everybody was treated equally at this home, no-one was left behind, and as a result people led fulfilling and active lives. Records showed people had expressed their wishes to lead active lives within their local community. Whilst people were supported to attend events with others living with a learning disability such as a local disco, integration with the local community was also actively encouraged. One person expressed a wish to join their local gym. This was risk assessed and discussions held with the gym manager in preparation for the person attending, advising them of the person's learning disability and how they could be best supported. The person now regularly attended and records showed they were pleased they achieved one of their long term goals. Other people were also encouraged to carry out activities within the local community. A local café had become a favourite destination for three of the people living at the home. Staff had met with the manager of the café and explained who was attending and their individual circumstances. The café manager welcomed them with open arms with staff telling us the café manager provided specially adapted larger glasses to aid their independence and to help them feel welcome. This was also a regular meeting place for family members from another service within the provider group to meet family living at Lawrence Mews. A staff member said, "When [name and name] go to the 'Fisherman's Café' with their [family from another home], they wear their fisherman's hat. It's so nice to see them all together."

People's care records were person centred and contained detailed information about what was important to them, their life history and their daily routines. Guidance was also available for staff about how to support people in the way they wanted. This included day to day care such as support with personal care, but also other areas such as being able to choose their own furniture, contributing to decisions about the colour of wallpaper, paint and other furnishings throughout the home. People were also supported to make

improvements to their health that they had identified for themselves. For example, one person had requested the support of staff to assist them with stopping smoking. A comprehensive and on-going support plan was put in place to support them. This was continually reviewed during 'Talk Time' meetings and the progress was closely monitored. The person has now quit smoking and their most recent review stated, they, 'missed smoking' but was 'pleased with the support received from staff.'

People were provided with a complaints policy in an 'easy read' format enabling people to understand the process for making a complaint. People and their relatives felt complaints were handled effectively and they felt their views were respected and acted on.

The registered manager told us they and the provider took complaints very seriously. Records showed they were acted on immediately with people and where appropriate their relatives were kept informed of the progress of any investigation if appropriate. Records also showed that people or their relatives were satisfied with the outcome of complaints made.

## Is the service well-led?

### Our findings

There was a clear emphasis on people being encouraged and supported to lead as fulfilling a life as possible. People were empowered to overcome any obstacles, such as limitations in their mental and physical well-being, to aim high and to succeed in life. A dedicated and enthusiastic staff team was in place, led by an excellent management team including regular support from the Head of Care (HoC), to support each person in the way they wanted.

The provider strove for excellence, but also encouraged and supported the staff and the registered manager to develop their roles, equipping them with the skills needed to provide all people with high quality, person-centred care. Regular and detailed staff meetings were held, alongside regular supervision and other assessments of staff competency to ensure the provision of high quality support. The provider held an annual 'Recognising People – Transforming Lives' staff forum for all staff to attend across the provider's group of services. This year's theme; 'The difference you make as a person, as a team, as a service and as a business' focused on person centred care, dignity and the impact on people. The HoC told us this forum, the fifth of its kind held by the provider, was an opportunity for staff to meet together, to carry out work focused activities and to learn from each other's experiences. They also told us about how people who used services had been involved in previous events addressing the forum to talk about their experiences. This had proved hugely popular with staff, enabling them to learn from the people they support. This year's attendance of two people, one from Lawrence Mews, was planned to provide staff with different views on how they can further improve the lives of all people using the provider's services.

Staff felt valued by the registered manager and the provider. They felt empowered to develop their skills and felt confident that the registered manager continually looked for ways to improve the quality of the staff team. Staff told us they felt they were able to build a career at the service, with many staff being promoted within the provider's group of services. The approach to team meetings was creative, innovative and inclusive. Each meeting was planned across three days to ensure all staff, whether working early in the day or late at night were able to attend one of them and to contribute. One staff member said, "I really feel able to contribute and that my views are respected."

Innovative methods were used to continually improve the skills and knowledge of the staff. Trainee team leader courses were in place, designed to test the ability of prospective new staff to see if they were able to complete the more demanding role of a team leader. The provider ensured the changing needs of people using the service was reflected in new training courses for staff to provide them with the skills needed to support people safely and effectively. For example, the staff have been enrolled on a management of actual or potential aggression (MAPA) training course. MAPA equips staff with safe and effective physical intervention skills designed to manage the more challenging and aggressive behaviour experienced within a service. Staff were also encouraged to develop their knowledge further by obtaining externally recognised qualifications such as NCFE Level 2 qualifications. The NCFE is a national, educational awarding organisation that designs, develops, and certifies diverse, recognised qualifications and awards, including for distance learning courses. Staff had undertaken this training as part of their development. Records also showed some staff had completed advanced courses in supporting people with learning

disabilities and autism. This continued focus on developing staff expertise contributed to the excellent, effective care and support provided for all people at the home.

There was a culture of excellence at this home, driven by inspirational management from the top down. The provider ensured their HoC, registered managers and staff had the resources needed to provide people living at Lawrence Mews with an exceptional standard of service. Alongside the excellent day to day care and support provided, people's longer term mental and physical well-being was constantly reviewed. We were informed by the HoC that a project had recently been agreed with the provider to assist two family members living together at the home to establish links with long lost family members. The HoC told us the aim of this project foremost was to give the two people the opportunity to strengthen their family connections and to form more meaningful relationships with wider family members. Additionally it was hoped that due to the lack of information provided for them when they first moved to Lawrence Mews, gaining insight from new family members into the family medical history would assist staff in improving the care and support they provided for these two people. The HoC had successfully resourced assistance from a student social worker who was working alongside the HoC on this project. We were informed that this innovative and creative research had made significant recent developments that could have a positive impact on these people's lives including a potential breakthrough in their medical history.

There was a strong emphasis on continually striving to improve the quality of the service as whole. The registered manager, supported by the provider via the HoC recognised the need to promote and regularly implement innovative systems in order to provide a continually high-quality service. Systems were in place to learn from mistakes or to act on areas where improvements may be needed. For example, following the emergency transition of three new people to the home, the provider had noted their transition policy did not take into account the process needed for the safe and effective transition of new people, sometimes at very short notice. This has now changed, along with the implementation of an 'emergency transition team' to manage transitions across all homes within the provider's group of services. A chair, lead manager and risk manager met regularly with clearly agreed actions to ensure new transitions progressed as smoothly as possible. We noted one change resulting from this new team would have a significant future impact on people's lives. It had been agreed that once the date a person had been agreed to move to Lawrence Mews, or another home within the group, an application to the local authority for deprivation of liberty safeguards (DoLS) would be made if required. This, the HoC told us, would speed up the application process, but also significantly reduce the risk of the person's rights being affected when they moved to the home, even if for just a short period of time.

The head of care told us they had attended a work force Optimum training event, and took the learnings from the challenges around the transitions of new service users, to Lawrence Mews. They told us they worked as part of a small group to suggest a need for an intensive health team; whom could support in such circumstances. This was something suggested industry wide; thus evidencing a constant desire to learn from challenges.

The service sustained outstanding practice and improvements over time and was working towards, and had achieved, recognised quality accreditation schemes. The service's provider, Blue Sky Care Limited had achieved Investors in People status. Investors in People is an internationally recognised standard which defines what it takes to lead, support and manage people well for sustainable results. In achieving this, the provider had shown that it had invested in their staff in order to provide the people they support with a high quality service. Additionally, the provider was a member of the British Institute of Learning Disabilities designed to further equip staff with the skills needed to support people living with a learning disability.

Innovative and inclusive methods of gaining and acting on people's, staff's and the feedback of others were

in place. As well as more formal approaches such as questionnaires and meetings, people were able to give their feedback through telephone interviews and feedback slips. There was an honest and transparent approach that informed people of the progress of any concerns or changes to care and support. Records showed a wide variety of people provided very positive feedback in relation to the quality of the service provided. These included relatives, health and social care professionals, members of the local community and managers/owners of local businesses and amenities. A relative we spoke with told us, "[My family member] refers to this place as 'home' now, not the family home, that is an amazing achievement." Other feedback included one person describing the care as 'high quality', another describing Lawrence Mews as a 'lovely place to live' and a third saying, 'The staff appear motivated and are aware of what is expected of them.'

The registered manager told us the provider had very clear aims and values which they and the staff embraced when supporting people. The PIR stated; 'The company have a values training course at induction level for staff to promote the values of the company in which they are to maintain. Staff observations and dignity observations are promoted within the service to both note good working practices and how areas of improvement can be considered and implemented within working practices.' The staff we spoke with all spoke positively about working at the service and praised the approach of the registered manager, the HoC and the provider as a whole.

An exceptional team of staff was in place, led by an enthusiastic, passionate and caring registered manager, who was supported by a knowledgeable and approachable head of care. All people, relatives, staff and health professionals, without exception, spoke very highly of the registered manager. One person said, "I really like her, she helps me." A relative said, "She is excellent, so easy to talk to." A healthcare professional said, "I have a lot of confidence in the manager. She really knows what she is doing in planning the best support for people." We observed the registered manager interact very effectively with all people, staff and visitors to the home. It was clear they adhered to the provider's mission statement, 'to provide the people we support with the highest quality support package tailored to their needs. All are recognised as individuals our staff will provide a service that enhances and develops people's lives.'

The registered manager and the management team were able to concentrate on improving the lives for all because they were supported by a provider who ensured they had the resources to do so. The provider took an active role in ensuring people received the highest quality service possible. Weekly HoC 'tours' took place which involved a review of a number of areas of risk such as; care, staffing numbers, finance and maintenance to help identify areas for improvement, agree actions and to monitor their progress. The registered manager told us they found these meetings very useful and enabled them to ensure where any areas had dropped below the required high level, these were dealt with quickly to reduce any the risk of impact on people.

The registered manager had a variety of auditing processes in place that were used to assess the quality of the service that people received. These audits were carried out effectively to ensure that if any areas of improvement were identified they could be addressed quickly. These included weekly and monthly audits as well as regular senior management reviews conducted for the provider. Where areas for improvement had been identified, action plans were put in place to address them. These were then continually reviewed to ensure sufficient progress was made. The registered manager attended regular senior manager meetings with other registered managers from within the provider group, along with the HoC and director of Blue Sky Care Limited. These meetings enabled the continual learning and development across the group of services.

The registered manager had ensured that people's records were easily accessible and the office

environment was well organised, ensuring staff were able to work effectively within the home when the registered manager was not present. The staff we spoke with told us the systems the registered manager had put in place, enabled them to provide excellent care and support for people.

People were supported by staff who had a good understanding of the whistleblowing process and there was a whistleblowing policy in place. A whistle-blower is an employee that reports an employer's misconduct.

People and staff were supported by a registered manager who understood their role and responsibilities. They had processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.