

## Genesis CTE Limited

# The Lawns

### Inspection report

The Lawns  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Lawns is a residential care home providing personal and nursing care to 3 young people and at the time of the inspection. The service can support up to 4 young people.

The Lawns accommodates 4 young people in one adapted building. The Lawns provides therapeutic residential care for female children and young people with self-injurious and risk-taking behaviours. The Lawns provides a residential alternative to hospital or secure settings. Throughout this report we have described people using the service as young people.

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

Young people were safeguarded from the risks of abuse and from risks from receiving therapeutic care and support. The service was working to improve the way documentation relating to care was organised.

Young people were supported by sufficient numbers of suitable staff recruited using robust procedures. Young people's medicines were safely managed and the service was working to improve the monitoring of medicine storage temperatures.

We found the environment of the care home was clean, had been well maintained and was adapted for its purpose. We were assured the service was following safe infection prevention and control procedures to keep people safe.

Staff received support and training to develop knowledge and skills for their role.

There were arrangements in place for young people and their representatives to raise concerns about the service.

Within the structures and boundaries of therapeutic care, young people were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Young people's individual needs and wishes were known to staff who had achieved positive relationships with them. Young people were positively involved in the planning and review of their care. Young people were supported in response to their wishes to maintain contact with their relatives.

Quality monitoring systems were in operation. The registered manager was visible and accessible to young people and staff.

Developments were planned to develop both the environment of the service and the level of clinical input to the therapeutic programme.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

This service was registered with us on 4 November 2019 and this is the first inspection.

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

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was Well-led.

details are in our Well-led findings below.

Good ●

# The Lawns

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

The Lawns is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

Due to technical problems, we were not able to view the Provider information return submitted by the

provider. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two young people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, the deputy manager, a senior therapeutic care worker, an agency staff member, the head of services and clinical lead and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought and received the views of two professionals who had involvement with young people using the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard young people. Staff received training in both safeguarding adults and children. A higher level of child safeguarding training (Level 3) had not been started due to the restrictions of the pandemic. Level 3 Safeguarding Children training is required by staff working directly with children and young people in accordance with current intercollegiate guidance. Whilst a training provider had been sourced to deliver face to face level three safeguarding children training when restrictions allow, we were not provided with a clear indication of timescales in which staff could be expected to have received the training. In addition, training in keeping children safe on-line and child exploitation had also been provided to staff.
- Despite the risks of child exploitation identified for all, there was no standalone child exploitation policy. There was reference to exploitation in the Safeguarding Children's policy but no reference to criminal exploitation is in the policy. Research and evidence which highlights that criminal and sexual exploitation are often inextricably linked. This was discussed with the head of services and clinical lead who said they would look at creating a relevant policy.
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Assessing risk, safety monitoring and management

- People were protected against identified risks. Risk assessments had been completed for risks associated with the therapeutic care provided. Staff and management had a good knowledge of how to manage risks associated with each young person. We found some paper records relating to risk management were not always up to date and some hand written records were illegible. Records were also held electronically and the registered manager told us these were up to date. We raised the issue with the provider who had already identified improvements were needed to improve how paper records were organised and presented. Plans were in place for a review of the records on the week following our inspection visit.
- People were protected from risks associated with the care home environment such as legionella, fire and electrical systems, through regular checks and management of identified risks. Staff had received training in fire awareness and health and safety. Risk assessments had been completed on the care home premises and the garden to identify and manage any risks. A ligature risk assessment had been completed for the service including both the internal and external environment of the care home. Admission criteria excluded young people with a history of certain types of self-injurious behaviour.
- Staff were confident on how to therapeutically intervene when people attempted self-injury. The home operates a safe tolerance of self-injurious behaviour. Specific training using scenarios relating to self-injury were provided to staff. They described the procedures to follow and were equipped both practically with the means to deal with self-injury and with suitable knowledge, skills and guidance.

- A plan for dealing with any emergencies that may interrupt the service provided was in place. Young people had personal emergency evacuation plans and detailed information had been prepared for use in the event of young people going missing.

#### Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. On the days of our inspection we saw there were enough staff to ensure young people received support in line with their assessed needs. The registered manager explained how staffing hours were calculated. Nursing input into the service was provided by the head of services and clinical lead working in conjunction with the multi-disciplinary team.
- Staff were recruited using robust procedures. This ensured suitable staff were recruited to provide care and support for people using the service.
- Agency staff had regular shifts to ensure young people received consistent support. An agency staff member told us "I think that is important that I come here regularly so that the girls get to know me and I get to know them."

#### Using medicines safely

- Young people received their medicines as prescribed. Records of medicine administration were individually audited on a regular basis to ensure their accuracy. Risk assessments had been completed for any medicines which could be self-administered to promote young people's independence.
- Medicines were stored securely. During our inspection visit improvements were made to systems to ensure medicines were always stored at the correct temperature.
- Where medicines were prescribed on an 'as required' basis, guidelines for staff to follow were included in care plans.
- Staff who administered medicines had received training and competency checks to support young people with taking their medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



- The service had not yet received a food hygiene inspection from the local authority.

#### Learning lessons when things go wrong

- A system was in place to investigate and learn from accidents and incidents. Following a recent incident where a young person went missing, the service received praise from the police about how the situation was handled.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were detailed, holistic and provided assurance that the service was able to safely meet the complex needs of the young person.
- Prior to admission assessments were completed to identify any risks including potential issues with those already using the service.
- A variety of recognised therapeutic techniques, such as Cognitive Behavioural Therapy were used as part of the therapeutic programme for young people using the service. We noted young people stayed in the service much longer than previous placements which had broken down.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training for their role.
- Staff had completed relevant training such as, first aid, self-injury and understanding young minds.
- Staff had regular individual meetings called supervision sessions with senior staff. These were to identify any development needs and support they might require. To further support their therapeutic work with people, staff received clinical and reflective supervision from a clinical psychologist. The support available for staff shows that the provider recognises the vicarious trauma that staff may experience due to working with cases of complex trauma.

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

- Menus were chosen by young people on a weekly basis. At times young people cooked their own meals with support from staff. To safely support young people to eat and drink, staff had completed training in food hygiene and food allergens.
- Staff ate their evening meals with young people to promote normal social interactions.

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

- Young people's individual rooms were personalised in response to their choices.
- Space was available for therapy sessions to be held in private. The garden provided an area for activities, exercise and served as a quiet, reflective space.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Young people's therapeutic care was overseen by a multi-disciplinary team which included a registered nurse, a psychologist and assistant psychologists.

- Hospital Plans had been developed in collaboration with the local hospital which provided explanation of the young persons' history and prevented them from having to re-tell their story multiple times. This supports the "Tell it Once Approach" and respects the fact that young people may be re-traumatised by constantly explaining their history.
- People were supported to maintain their health; they were registered with a local GP and a dentist.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our inspection there were no people using the service that had been deemed as not having mental capacity to make decisions about their care and support.
- Applications for authorisation to deprive two young people of their liberty had been approved. We saw that the conditions associated with these authorisations were being met by the service. Staff took time to explain DoLS to young people. Staff had received training in the MCA and DoLS.
- Physical restraint of young people was used as a last resort to prevent serious injury. The service followed recognised de-escalation techniques and where physical interventions were used, records showed these followed recognised techniques appropriate for young people.
- We saw evidence of the therapeutic approach used by staff having a positive impact as the number of restraint incidents recorded were minimal. One young person we spoke with told us: "When I was in hospital I used to get restrained very single day, but I have hardly been restrained since I have been here."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw how staff were respectful and warm towards young people who told us staff made them feel listened to and safe. Young people also commented, "The staff are really nice and have been supportive" and "The staff are here for me. I can talk to them about how I feel, and they listen."
- Staff were culturally competent, and had an awareness and understanding of the need to consider young people's equality and diversity and how this may impact on the support provided.

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

- People were involved in decisions about the care and support they received. Young people consistently had sight of care plans and risk assessments and were provided with the opportunity to view and sign them to ensure that they agreed with their factual accuracy.
- A social care professional told us, "The young person we have placed there has made excellent progress. The staff make time for her and are able to manage her behaviour therapeutically which enables her to make other positive choices rather than self-harm. They have supported her to express herself and her mood by helping her to develop a colour mood chart which is something that she wanted to do."

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated an awareness of promoting and respecting privacy and dignity.
- Young people were able to develop their independence, such as shopping for and preparing some of their meals.
- Where appropriate the service facilitated young people to have contact with relatives. A room was available for visits from relatives to take place in private. A social care professional commented The Lawns was "supportive of family contact".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The young people supported at The Lawns have complex presentations and care histories. We found the therapeutic care provided was individualised and planned with the input of the young person. Records showed episodes of self-injurious behaviour were viewed as normal physiological and psychological responses to trauma, and young people were not shamed or punished for episodes of self-injury.
- The staff at the Lawns were able to show they had excellent knowledge of every young person's complex history and how to meet their clinical and social needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the time of our inspection visit there were no young people using the service identified as having communication needs. This was an area covered by the initial assessment prior to using the service. However, the service was aware of the Accessible Information Standard and would make appropriate adjustments in response to any identified need. Plans were in place to draw up a policy to guide staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where appropriate young people were supported to maintain existing relationships.
- Young people were supported to take part in activities, hobbies and interests such as arts and crafts, baking, walking and using a gym. During the pandemic additional activities were provided at the care home when people were unable to take part in activities outside of the care home.

Improving care quality in response to complaints or concerns

- A system was in place to manage complaints appropriately if needed. The service had received one complaint since it started operating and although this was made with a light hearted intention by a young person it had provided a useful opportunity to test the complaints procedure.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had a clear vision for people to receive effective therapeutic care and support which enabled them to recover from the trauma they had been subjected to. The statement of purpose described the approach to therapeutic care as "The Lawns operates a "safe tolerance" approach to self-injury, which understands that Children and Young People will not be able to give up their coping mechanisms, just by virtue of admission. The Lawns will work holistically with a Young Person, and not just with their symptoms, in order to help them discover safer ways of coping with their difficulties." We found young people were supported and cared for in accordance with this statement.
- Young people described their experiences of using the service, "I have hopes for the future now and the staff have helped support me to achieve my goals." and "I have made so much progress in the year that I have been here."
- Staff were positive about the management of the service and the support they received. We were told the registered manager was, "doing a really good job".
- The registered manager and senior staff were visible and accessible to young people and staff.
- New furniture for the lounge was being purchased in response to the views of young people using the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, completing and forwarding all required notifications to support our ongoing monitoring of the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Continuous learning and improving care

- Regular audits were in place to support the registered manager to meet the regulatory requirements and identify shortfalls in the service. These included audits of medicines, fire safety, the environment of the care home, placement plans and staff supervision. Results of audits showed the service was generally operating

as expected in the areas covered. Findings had resulted in actions such as obtaining a care plan from a placing authority, to agree a list of homely remedies and setting a date for a review of a placement plan.

- A Clinical and quality governance report was also completed by the head of services and clinical lead.
- Planned developments for the service included developing a new management office and meeting room building which would enable the existing office to be used as a therapy room. Work was planned to start in August 2021. The need for a psychiatrist to support the service with overview of young people's medicines and mental health assessments had been identified. This was also being planned.

#### Working in partnership with others

- The service had established a good working relationship with the police through liaison and meetings with a designated police officer who would attend risk management meetings.
- The service worked well with local authorities funding placements at the service. A social care professional told us "Communication with them and with their senior managers has been excellent. We have had a great working relationship with them and I cannot fault them".