

Lonsdale Midlands Limited







# Lonsdale Midlands Limited - 290 Newton Road

## Inspection report

290 Newton Road  
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### Ratings

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

### Overall summary

This was an announced inspection, which took place on 10 February 2015. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The service provides personal care and accommodation for seven people, with a learning disability. However, the provider has chosen to only accommodate three people.

There was no registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

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.

People spoken with told us that they were safe. Staff knew how to reduce the risk of harm to people from abuse and unsafe practice, and had received appropriate training to help them to keep people safe. The risk of harm to people receiving a service was assessed and managed appropriately; this ensured that people received care and support in a safe way. Where people required support with taking their medication, there were procedures in place to ensure this was done safely and people told us they received their medication as prescribed by their doctor.

People and staff spoken with said there were sufficient numbers of staff available to meet people's needs. People

and a relative spoken with felt the staff were trained and knew people's needs well. Staff were suitably recruited, trained and supported to ensure they cared for people well.

Staff were caring and treated people with respect and dignity. People's involvement and independence was respected and promoted. People's health and personal care needs were met and they were able to choose what they ate and drank. People could speak with care staff and senior managers about their concerns. No one had raised any concerns or complaints about the care they received.

Everyone spoken with felt that the quality of the service was good and that the service was well managed. Staff were open and receptive to ideas about how they could improve people's care. The provider had internal quality assurance systems to monitor the care and support people received, to ensure it was of good standard.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People said they were safe, procedures were in place to keep people safe and staff were trained and knew how to reduce the risk of abuse and harm to people.

Risks associated with people's care and the environment in which people lived were assessed and managed appropriately.

There were sufficient staff that were suitably recruited to provide care and support to people.

Systems were in place to ensure that people received support with taking their medication in a safe way.

Good



### Is the service effective?

The service was effective

People received care from staff that were trained and supported to ensure they undertook their role well.

People's rights were protected. People had control over what they ate and drank and staff supported them to maintain a healthy diet, and maintain their health care needs.

Good



### Is the service caring?

The service was caring.

People told us they were treated well by staff. People's privacy, dignity and independence were respected and promoted by staff.

People were supported to make decisions about their daily lives and maintaining contact with friends and relatives.

Good



### Is the service responsive?

The service was responsive.

People received care and support that was centred on their individual needs.

People knew how to raise concerns about their care, but no one had made a complaint to date.

Good



### Is the service well-led?

The service was well led.

People were happy with the quality of the service they received and managers and staff were accessible and friendly.

Quality assurance processes were in place to monitor the service, so that people received a good quality service. Although there was no registered manager in place the service was stable and well managed.

Good



# Lonsdale Midlands Limited – 290 Newton Road

## **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 10 February 2015 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

In planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority who purchased the care on behalf of people and reviewed reports that local authorities sent us on a regular basis.

During our inspection we spoke with all three people that lived at the home, a relative, the service improvement manager, a team leader and three care staff. We looked at the care record of one person. Other records looked at included audits and monitoring records completed by senior managers within the organisation, analysis of questionnaires, complaints and safeguarding records.

# Is the service safe?

## Our findings

All the people that lived at the home and a relative spoken with told us people were safe living there. People said they could speak with any of the staff if they were concerned about their safety. One person told us, "Safe and no one treats me bad, staff are nice and I am not worried about anything." Another person said, "I do feel safe, staff do not shout or anything." A relative told us, "There are no safeguarding issues". People spoken with said they would speak with staff or the managers if they did not feel safe.

All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. Information about keeping people safe was on display in the home, so that people living at the home, staff and visitors were aware of how to report concerns. This information was in pictures, so was accessible to everyone that lived at the home. All staff spoken with knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of harm. For example staff said they would observe for signs of bruising, change of behaviours or any signs of neglect, which could indicate that people were being mistreated. Staff spoken with knew the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe.

People that lived at the home and their relatives felt that any risks to their care was identified and managed appropriately. All staff spoken with said that risk assessments were in place for all needs identified and these were updated as people's needs changed or when new risks were identified. Records looked at confirmed this.

People spoken with felt the home was safely maintained and we saw that the home was well maintained and managed, so that people lived in a safe environment. Staff spoken with confirmed that there were clear processes in place to undertake repairs and to ensure that all equipment were maintained and checked for safety. Staff spoken with knew the procedures for handling any emergencies in the service such as fire and medical emergencies. Staff said that a senior member of staff/manager was on call at all times to support the staff team, so that they had guidance in an emergency.

Everyone spoken with said there were enough staff to provide the service. One person told us, "There are three staff every day." Staff spoken with said there were enough staff and that the staff team was flexible to meet people's needs. Staff spoken with said new staff had recently been recruited. We spoke with a new member of staff who told us all the required recruitment checks were undertaken before they started working.

All the people spoken with said that staff always helped them to take their medication as prescribed by their doctor. One person told us, "Staff always give me my medicines." Staff spoken with told us that only staff that have been trained and assessed as competent administered people's medicines. We saw clear procedures were in place for obtaining, storing, recording and disposing of medicines and these were followed by staff. We looked at a small sample of medication administration records and we saw no gaps in recording. Where people required medication as and when needed (PRN), we saw that there were protocols in place to ensure that people received their medicines safely.

# Is the service effective?

## Our findings

People spoken with said they thought the staff were well trained and were able to meet people's needs. One person said, "There is training for staff." A relative told us that staff knew about their relation moods and were able to support the person appropriately, so felt they were trained. We observed that someone became quite anxious, whilst we were at the home and we saw that staff talked to the person and supported them to reduce their anxiety.

All staff said they received the necessary training, supervision and appraisal, to support them to do their job. Records showed that the provider had a planned approach to staff training, supervision and appraisal and this was monitored to ensure these processes were effective. Staff said and training records showed that training included specific training based on the needs of people that lived at the home.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty.

The service improvement manager told us that applications had been made to a Supervisory Body, under the DoLS for all three people that lived at the home, as they were unable to make some key decisions about their care. One person had been assessed and DoLS granted and the other two people were awaiting assessment. All staff spoken with knew about the restrictions that were in place and how to ensure people's rights were protected.

People told us they liked the food and had a choice in what they ate and drank. One person told us, "Plenty of food and we have meeting with staff to choose what I eat and go shopping for food." Another person said, "I like the food and get enough food." One person told us they liked to make the drinks and helped with the cooking and we saw that staff supported the person to do this. Staff told us that each week they sat down with people that lived at the home and discussed the weekly menu. Staff said they used pictures to help people to choose what they wanted to eat and decide on the groceries that would be purchased. Staff said they supported people with making choices that would enable them to have a balanced diet and they were trained in nutrition awareness to enable them to do this.

People told us they would tell the staff if they were not well and the staff would take them to the doctor. One person told us, "I see the doctor if not well. I wasn't well and they took me to the hospital."

# Is the service caring?

## Our findings

People told us and we saw that staff treated people with care and kindness. One person called all the staff by name and then said, "Staff talk nice. All nice." Another person said, "Staff treats me well." A relative told us, "The carers are wonderful with [person's name]."

People spoken with said they were involved in decisions about their care. Staff told us, that one person liked to get up late and we saw that they had the freedom to do this. Another person told us that they liked to shop at a particular place and to do that every day and we saw that staff supported the person to do this.

Staff spoken with told us and records looked at showed that people's care plans included information about how to provide individual care and support to people. These included any specific communication needs that people had, so staff could ensure they provide information to people in a way that they could understand. People told us that staff discussed their care plan with them, so they were involved. One person told us, "My care plan is in the cupboard and staff talked to me about it."

Everyone that we spoke with said that people's privacy and dignity was maintained by staff. A relative told us, "I know my mom and dad have said they like the way [person's name] is treated, and they [staff] respect [person's name]." Staff spoken with knew how to maintain people's privacy

and dignity. A staff member told us, "People will tell you when they want their private space and we respect this." Staff told us and records showed that staff received training on valuing people, which was a key ethos of the service. This enabled staff to respect and value people as individuals and support their independence and differences.

We saw that people were dressed in individual style of clothing which reflected their age gender and the weather, ensuring their dignity was maintained. We observed a person getting ready to go outdoors, they did not have their jacket on and it was a cold day. We overheard a member of staff saying, "Its cold outside [person's name] you will need your jacket to go out." This enabled the person to put the appropriate clothing on, so they were dressed appropriately for the weather.

People were supported to be as independent as possible. One person told us about how they helped with keeping their home clean and doing the laundry and cooking as part of their weekly activities and keeping their independence. A relative told us, [Person's name is reluctant to do things, they [staff] encourage him, but it's his choice. They took [person's name] out shopping and attending family events." Staff told us that one person liked to greet and welcome visitors to the home and ensured they signed the visitors register as part of their independence, and we saw that they did this on the day of our inspection.

# Is the service responsive?

## Our findings

People spoken with told us that they liked living at the home and were happy there. A relative told us, “Quite happy and [person’s name] is happy and contented. The carers are wonderful with [person’s name].”

People spoken with knew about their care plan and assessment documents and said that staff discussed these with them. We saw that people’s needs were assessed and detailed information was available to enable staff to support people’s individual preferences, histories and lifestyles. The assessment and care plans included involvement from people and their family members.

People were able to pursue activities of their choice. One person told us about the things they liked to do, such as, going out to eat and shop at a particular place. Another person told us about their summer holiday and how they

had enjoyed it. We saw that people had structured plans for their social activities. Staff told us that this was because people needed a structured approach, so that they had some idea of what they were doing each day. However, staff said the activity plans were flexible and people could change their minds if they wished.

People spoken with knew who to raise concerns with; all said they would speak to any staff member or the manager. We saw that the complaints procedure was on display for people to see in the hallway of the service and was available in pictorial format to aid the communication needs of people that lived in the home. One person told us, “Nice home and I can talk to all the staff about anything. They are all nice.” The service improvement manager said they had not received any concerns, so far, but procedures were in place to investigate and respond to concerns, should the need arise.



# Is the service well-led?

## Our findings

People spoken with said they were happy living at the home. One person told us they had lived there for a long time and they were happy. Everyone spoken with said staff were open, friendly and communicated with people in an open manner. A relative told us, “They keep us informed about anything.” We saw that the atmosphere in the home was open, friendly and inclusive, so that both people that lived there and staff interacted and communicated well with each other.

We saw that people were consulted on the quality of the service they received. We saw a sample of surveys sent to people during 2014. These were analysed for trends and an action plan produced to address any shortfalls identified, showing how the provider would improve the service based on people’s views. In addition people and staff told us that weekly meetings were held with people, so they could discuss how the household was managed.

Staff said they had regular supervision and were able to put ideas forward for improvement in these sessions. All staff said they could speak with senior staff and managers openly about any ideas they had on how the service could improve. In addition staff said that they received an annual staff survey, so they could make any comments, about improvements to the quality of the service provided. One staff member told us, “[Senior manager’s name] is very helpful and supportive and is at the end of the phone at any time.”

The registered manager left their post in November 2014, so there was no registered manager in post at the time of

inspection. However, the provider kept us informed of the change and told us what arrangements they had made to ensure the effective management of the service. The service improvement manager told us that the provider was in the process of recruiting a new manager. We were therefore, assured that the provider was taking reasonable steps to secure a registered manager for the service.

Staff spoken with said they were concerned that the manager leaving would create disruption of the home and unsettle the people that lived there. This was due to the fact that the manager had been in post for some time and people were fond of her. However, all staff said that they had explained things to the people living there and they had accepted the idea of the change. Staff told us that the staff team had pulled together to ensure continuity of care and support and ensure that the home continued to run efficiently and effectively. They were complimentary about the management support they had received during this time of change. Staff told us that people that lived at the home would be involved in choosing the new manager, to ensure they were happy with the organisation’s choice.

The provider had an internal quality assurance process; this entailed a senior manager undertaking regular audits of the systems. Following this an action plan was completed showing how the manager would address any shortfalls identified. We saw and staff told us that regular audits were completed of health and safety, care plans, staff records, training, supervision, medicines, people’s finances, infection control and the environment. We saw that all the processes in the home were managed efficiently and effectively.