

Mrs Delores Matadeen - Lyndal Homes Radnor Road

Inspection report

9 Radnor Road
Handsworth
Birmingham
B20 3SF
Tel: 0121 554 2738

Date of inspection visit: 30 September and 1 October
2015
Date of publication: 20/11/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires improvement 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 30 September and 1 October 2015 and was unannounced. At the last inspection on 30 May 2013, we found the provider was meeting the requirements of the regulations we inspected.

Radnor Road is registered to provide residential accommodation and support for up to 15 adults with mental ill-health needs. At the time of our inspection, 15 people were living there.

There was a registered manager in post. 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.

Staff sought people's consent before providing care and support. Staff were caring and treated people with respect and dignity but this also was not always consistent.

People that lived at the home felt staff were available to support them and keep them safe. Staff confirmed they could recognise abusive practices and knew who to report any concerns to. People received their medication

Summary of findings

as prescribed and staff knew how to reduce the risk of harm to people from unsafe medication practices. The provider had systems in place to keep people safe and protect them from the risk of harm.

There were sufficient numbers of staff available to meet people's identified needs. The provider ensured staff were safely recruited and they received the necessary training to meet people's support needs.

The provider was taking the appropriate action to ensure people who used the service were not unlawfully restricted and had processes in place to protect people's rights.

People were able to choose what they ate and drank and they were supported to access health care professionals to ensure their health care needs were met.

People were supported to participate in social and leisure activities. People received appropriate care and support that was reflective of their needs. There was a complaints process and people and relatives felt confident their concerns would be listened to and responded to appropriately.

The provider had established management systems in place to assess and monitor the quality of service provided.

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 told us they felt the service was safe.

People were protected from the risk of harm because staff were aware of the processes they needed to follow.

People received their prescribed medicines as required.

Good



Is the service effective?

The service was effective

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported to have a varied diet.

People received effective support because staff worked closely with other healthcare professionals when necessary.

Good



Is the service caring?

The service was not consistently caring

People's privacy, dignity and independence were promoted by staff but this was not always consistent.

People told us the staff were caring and kind.

Requires improvement



Is the service responsive?

The service was responsive

People's support plans were regularly reviewed to meet their changing needs.

People knew how to raise any concerns about their support and felt they would be listened to.

People were encouraged to take part in group or individual activities.

Good



Is the service well-led?

The service was well led

People told us they were happy with the quality of the service they received.

There were processes in place to monitor the quality of the care and support people received.

Good



Radnor 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 unannounced inspection took place on 30 September and 1 October and was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of service.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about accidents, incidents and safeguarding alerts which they are required to send us by law. 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 contacted the local authorities who purchased the care on behalf of people to ask them for information about the service and reviewed information that they had sent us.

During our inspection, we spoke with seven people who lived at the home, five care staff, one relative, one senior care staff and the registered manager. Because some people were unable to tell us about their experiences of care, we spent time observing interactions between staff and the people who lived at the home. We used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care records and two people's medication administration records to see how their care and treatment was planned and delivered. We looked at the provider's recruitment and training records to see if staff were suitable to support the people who lived at the home. We also looked at records which supported the provider to monitor quality and management of the service, including safeguarding and maintenance records. We looked at a selection of the provider's policies and procedures to see if they contained effective and up to date guidance for staff.

Is the service safe?

Our findings

People living at the home told us they felt safe and they would not hesitate in speaking with their key worker if they felt threatened in any way. One person said, “The staff ask how I am and check how I am feeling.” A key worker is a member of staff specifically assigned to work with an individual to provide one to one support for that person. A relative said, “I have no reason to think [person’s name] is not safe here.” We saw two staff had the skills required to transfer one person from their chair to a wheelchair safely and using the correct techniques. We saw that there were some positive communications between people and staff, which demonstrated that most people felt relaxed with the staff at the home.

Staff told us they had received safeguarding training and were able to identify signs of potential abuse. Staff said they would discuss any concerns with the senior care worker or the registered manager. One staff member told us, “I would tell the manager and if they didn’t do anything I’d report it to CQC.” The provider had safeguarding and whistleblowing procedures in place, this provided staff with guidance to ensure people were protected from the risk of harm. Staff said they would be confident to refer to this guidance if necessary. We saw from training records staff had received up to date safeguarding training. The provider had reduced the risk of harm to people because there were appropriate systems and processes in place for recording and reporting safeguarding concerns.

Plans were in place to manage the risks associated with the care and support people needed to stay safe. One staff member told us, “We review assessments regularly and this helps keep people safe when peoples’ needs change.” We saw from people’s care plans they were reviewed and identified risks were managed appropriately. For example, a detailed and regular check of one person’s blood sugar level identified when a person’s health was at risk and altered staff to the appropriate action to take.

We saw that safety checks of the premises and equipment had been completed and records were up to date. This ensured that risks presented by people’s environments were managed and reduced. Staff were able to explain the action they would take to keep people safe in the event of an emergency. We noted this was in line with the procedures the provider had in place to safeguard people in the event of an emergency.

People, relatives and staff told us they felt there was enough staff on duty to support people. One person said, “There is enough staff.” A relative told us, “There has always been somebody around.” Staff told us that they would cover shifts for each other in the event of sickness or annual leave so people had continuity of support. We saw there was sufficient staff on duty to assist people with their support needs throughout the day.

We saw the provider had a recruitment policy in place and staff had been appropriately recruited. Staff told us they had completed a range of pre-employment checks before working unsupervised. We saw from three staff files all pre-employment checks had been completed.

People told us they received their prescribed medicine when they needed it and there had been no concerns. There were people who required medicines ‘as and when’ on an ad-hoc basis. We saw there were procedures in place to help staff identify when to give these medicines and make sure they were recorded correctly. We saw that staff updated people’s records when medicine was received and noted that records had been updated correctly. Medicines were stored appropriately in order to keep them secure and maintain their effectiveness. An audit confirmed that the correct quantities of medications were in stock. This indicated that people were receiving their medication as prescribed. All medicines received into the home were safely stored, administered, recorded and disposed of when no longer in use. We found the provider’s processes for managing people’s medicines ensured staff administered medicines in a safe way.

Is the service effective?

Our findings

People and relatives were complimentary about the staff. People told us they thought staff knew them well and were knowledgeable and trained to support them. One person said, “Staff are good, really nice.” A relative told us, “I think staff do have the right skills.” Discussions we had with the staff demonstrated to us, they had a good understanding of people’s needs. A staff member told us, “I have been here a long time and know the residents very well.” We saw there was a number of staff who had worked at the home for a number of years. This had helped people to build consistent and stable relationships.

Staff told us they had received training and supervision to support them in their role. A staff member said “The induction training was helpful.” Another staff member said “We do have supervision.” We saw that staff supervisions and training requirements for the year were planned and tracked. This would enable staff to receive additional training as people’s conditions changed. We saw that care records were in place to support staff by providing them with guidance on what action they would need to take, in order to meet people’s individual care needs.

Staff told us they had recently completed training on The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA legislation sets out what must be done to protect the human rights of people who may lack mental capacity to consent or refuse care. DoLS requires providers to submit applications to a ‘Supervisory Body’ for permission to deprive someone of their liberty in order to keep them safe. We saw that some people that lived at the home lacked the mental capacity to make informed decisions about their care and support. The registered manager had followed best practice procedures and we saw that four DoL applications had been submitted to the Supervisory Body. The registered manager had taken appropriate action to ensure people’s rights were protected.

There were people living in the home who had the ability to make decisions about their care and support needs. They told us they discussed their care and treatment with their

key workers and felt able to have some control over their care. When people were subjected to an order made by the Court of Protection which restricted their liberties, care was provided in accordance with the order and in people’s best interest.

People told us they were able to choose what they wanted to eat and drink. One person said, “The food is very good now it has got a lot better.” Another person told us, “The food is excellent with a good choice.” The registered manager explained there had been a considerable amount of work completed over the past few months following feedback from people living at the home. As a result, the menu had been amended and a wider range of food stuffs had been made available to people. We saw that lunch looked appetising and presented to people in an appealing way. People told us the menu reflected their specific dietary and cultural requirements.

Staff ensured that people were supported to eat their meals in a way that was suited to their specific needs. For example, staff provided one to one assistance to a person at a pace which was suitable for the person. When one person no longer wanted to eat what they had chosen for lunch, they told staff what they wanted instead which they received and enjoyed. When necessary staff supported people to access snacks and drinks throughout the day. This supported people to eat and drink enough to keep them well.

Staff knew how to support people with maintaining a healthy diet. One person said, “There is plenty of food, I take smaller portions because I want to lose weight.” We saw people’s diet, weight and fluid intake were monitored and, where appropriate, they were being effectively supported with additional involvement from the Speech and Language Therapist (SALT) to maintain a healthy diet.

People told us they were regularly visited by other health care professionals. One person told us, “I’ve had my blood taken today.” We could see there was considerable involvement from other health care professionals, which demonstrated the service worked in partnership with other agencies to support people to maintain their health and wellbeing.

Is the service caring?

Our findings

People generally told us that the staff were helpful and respectful. One person told us, “The staff are lovely, especially [staff name] she’s a diamond.” Another person said, “The staff are very caring and very helpful.” Although one person told us, “The staff are very nice but sometimes when they help me they speak in their own language and I think they are talking about me.” The person explained to us how this made them feel worried. We discussed this with the registered manager and senior care staff member. They showed us this particular matter had been discussed previously in an earlier staff meeting and they would raise the issue with staff again.

There was overall, a calm atmosphere in the home. We observed some staff shared jokes and it was obvious people enjoyed this interaction. We saw that people were generally treated with respect and dignity and that staff spoke with people in a correct manner. However on two occasions we saw some staff were task led when it came to supporting people and they did not fully interact with the person they were supporting. This risked excluding people from being involved in the task and staff not respecting their wishes. For example, there was little interaction between a member of staff who was supporting a person to eat and staff failed to provide any reassurance to a person who was anxious when being hoisted. One person told us, “The staff are okay but sometimes they can have a bit of attitude.”

Staff were able to tell us about people’s individual needs and how they were happy to support them in line with their

preferences. Staff called people by their preferred names and people were supported to dress in individual styles that reflected their age, cultural beliefs and gender. This promoted people’s general wellbeing and sense of identity. People who could speak with us said staff would talk to them about their care and support needs. One person said, “The staff do ask me what I want before helping me.”

One person told us they were supported to attend their place of worship on a regular basis. We saw that staff employed by the service reflected the diversity and culture of the people they supported and the wider community in which they worked. People could be confident that staff would understand their specific requirements relating to their faith and being able to communicate in the person’s chosen language.

We saw two people helped themselves to drinks in the dining room and another person explained how they helped to lay the table and carry out other small domestic tasks around the home. During our visit people went out to the local shops or for a walk. This assisted people to maintain a level of independence whilst living within the home.

Most of the people told us they were treated with respect and dignity. One person said, “The staff are gentle.” Another person told us “The staff are very kind.” A relative told us, “I’ve never seen the staff behave inappropriately.” Staff told us how they promoted privacy and dignity in everyday practice. For example, one staff member told us, “When you are helping someone, I always encourage them to do some of the tasks themselves.”

Is the service responsive?

Our findings

We saw that most of the people living in the home were able to make decisions about how they wanted their support to be delivered and told us they were happy how their needs were being met. One person said, “I am comfortable here.” Another person told us, “It was a good choice for me to come here, I am very happy.” We saw that staff responded to people that required support in a timely way.

There were mixed opinions from people we spoke with on their involvement in reviewing their care assessments. One person said, “I think I have.” A relative told us, “I regularly call the home for updates on [person’s name].” Each person had a named key worker; which provided consistency to people. This was important because, due to their specific conditions, some people did not respond very well to changes. We saw people were comfortable with the staff and that care plans were personalised with people’s preferences and interests that assisted staff to provide care to people in a way that was appropriate for them.

During our visits we could see some people were engaged in interests they wanted to do. Two people went out when they wanted. Two people were playing dominoes, others were reading magazines. One person told us, “I don’t like going out, I prefer to stop in.” Another person told us,

“There isn’t a lot to do here, we could have more activities.” One staff member said, “We try to encourage people to play cards or dominoes and sometimes people will go to the local supermarket for coffee.” The registered manager explained to us they had recently met with people who lived at the home to identify what they wanted to do. We saw from the minutes that people had requested going to the cinema or having a ‘pub’ meal and a person told us they had recently gone to the pub for lunch and out for morning coffee. We saw that people were supported to maintain their family and friend relationships. A relative told us, “I try to phone every week, the staff are lovely.”

Although there had been no complaints, people and relatives told us they knew how and who to raise concerns with. One person told us, “I’d tell the staff.” Another person said, “I would tell the manager.” One relative said, “If I had any concerns about [person’s name] care, I’d tell the manager.” Staff explained how they would support people if they wanted to make a complaint and that they were confident the registered manager would resolve them quickly. We saw there was a complaints procedure made available to everyone. There was a system in place to record and investigate any complaints. The procedure highlighted what people should do if they were not happy with the service and gave details for other agencies people could contact for additional support if required.

Is the service well-led?

Our findings

People and relatives were complimentary about the way the home was managed and the overall quality of the service. They told us if they needed to discuss anything with the registered manager, they would not hesitate to speak with them. One person told us, “The home is very well organised,” another person told us, “The manager is here every day and I can discuss things with her.” A relative said, “When I speak to the manager they have always been very nice.” Staff told us they felt valued and a majority of them had worked for the provider for a number of years. A staff member said, “We are like one big family.” Another staff member said, “The manager is lovely, I can talk to her about anything.” We saw that staff would speak to the registered manager for direction and guidance.

Staff felt they were part of a team and involved in influencing how the service was developed. One staff member told us, “We have team meetings where we talk about the residents and what needs to be done.” Another staff member told us, “All the staff work as a team and the meetings are a good opportunity for us to share things.” Team meeting notes confirmed that staff received information relating to the development of the service.

There were mixed opinions from people when we asked them if they had been asked to provide feedback about the service. Some people spoken with were unable to recall if they had been approached. We saw from records that the provider held meetings with residents and one person said, “We have had a meeting with the registered manager to talk about the food.” We were told by the registered manager that a recent survey had been completed in July 2015 and we saw that comments were generally positive. The registered manager explained that although they had

not fully reviewed the information, they had identified and taken action in response to peoples’ concerns about the menu. People told us the menu had been redesigned with a greater choice of food.

There was a registered manager in post. They have a legal responsibility for making sure the service meets the requirements of the Health and Social Care Act 2008. This includes ensuring the Care Quality Commission (CQC) are notified about events that had occurred, within the service. We saw from the Provider Information Return (PIR) that no incidents, accidents or safeguarding issues had occurred since the last inspection. People we spoke with confirmed the service had no events to report. The registered manager did explain what their process was for reporting such events should they occur in the future. Therefore, the provider had procedures in place to meet their legal requirements as required to by law.

The management structure was clear and staff knew who to go to with any issues. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, the local authority and CQC. Staff told us they were aware of the provider’s policy and would have no concerns about raising issues with the registered manager and if necessary external agencies.

The provider had quality assurance processes in place to monitor and assess the quality of the care of the service provided in the home. We saw that some actions identified through these processes had been addressed. The provider also completed regular audits, for example of health and safety, care records and staff training. This ensured the provider had procedures in place to monitor the service to ensure the safety and wellbeing of people living at the home.