Lonsdale Midlands Limited

Lonsdale Midlands Limited - 118-120 Dudley Street

Inspection report

118-120 Dudley Street
Carters Green
West Bromwich
West Midlands
B70 9AJ

Tel: 01215802573

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29 September 2017

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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

118-120 Dudley Street is registered to accommodate and deliver nursing and personal care to up to eight people who have a learning disability, physical disability and or autistic spectrum disorder. At the time of inspection six people lived there.

At the last inspection in August 2015 the service was rated Good.

At this inspection we judged the service provided remained Good.

Why the service is rated Good.

People told us they felt safe at the home and relatives confirmed they were happy with people's safety. Staff understood their role to keep people safe from harm and knew how to escalate any concerns. There were enough staff to support people and new staff were recruited safely. People were supported with their medicines and we saw the arrangements in place for the management of medicines were safe.

Staff had been trained and had the necessary skills to support people's complex needs effectively and felt fully supported in their role. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us they enjoyed the meals and the quality of the food offered. People were supported with their nutritional needs so that they could eat and drink safely. People's health needs were known and planned for so that they had the support they needed to remain healthy.

Everyone described the staff as kind and caring and we saw they had a caring approach and were attentive to people. People's privacy and dignity was protected and their independence promoted.

People had been fully involved in planning their care and lifestyle and had been supported to participate in and pursue their interests. People had access to a complaints process and other platforms to raise any concerns they might have.

Good leadership was in place and the staff team continued to feel supported by the management team. We received consistent feedback that the home was well run, and that the registered manager was supportive and approachable. The registered manager had continued to monitor the quality and safety of the service and to seek people's feedback with a view to making continued improvements.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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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 comprehensive inspection took place on 29 September 2017 and was unannounced. The inspection was undertaken by one inspector. As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications.

Before the inspection, the registered manager had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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 reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on. We contacted the local authority who commission services to seek their feedback.

We met with all of the six people currently living at the home. Some people were unable to speak with us due to their communication needs. We spent time in communal areas observing how care was delivered. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

As part of our inspection, we spoke with five people who lived at the home and three relatives. We spoke with five care staff and a registered nurse. The registered manager was not present on the day of our inspection.
We looked at three people's care plans, four people's medicine records, accident and incident logs, recruitment records for one staff member, staff rotas, minutes of meetings, external audit reports and audits

undertaken by the registered manager. We looked at feedback surveys carried out by the provider and the systems in place to check the safety of equipment and fire safety.

Good

Is the service safe?

Our findings

People told us that they felt safe and happy living at the home. One person told us, "The staff are all lovely; no one here would hurt you." Another person told us, "Staff lift me with the hoist I feel quite safe and not worried." Relatives we spoke with told us they felt confident that people were safe. Staff understood their role and responsibilities in relation to recognising and reporting abuse. We saw staff had specific supervision sessions dedicated to this process with access to the procedures and formal training to ensure they kept up to date with guidance. A staff member told us, "We all know how to escalate any concerns and the manager would act on any concerns we raised." We saw the registered manager had escalated three concerns to the local safeguarding authority during the course of the year. Analysis showed that these had been recognised as potential abuse and appropriate action had been taken.

We saw that each person had any risks associated with their needs identified in their care plan. The information was detailed and provided clear guidance to staff. Staff we spoke with were well informed about risks to people's safety and we saw they followed guidelines about managing people's risks during our visit. For example a person at risk of choking had their drinks thickened to ensure they could swallow safely. We saw another person at risk of developing pressure sores was provided with frequent pressure relief in line with their plan.

We saw the registered manager monitored accidents and incidents in the home. All injuries were documented and reviewed and appropriate referrals were made to external professionals for specific guidance and equipment demonstrating that people's safety was consistently reviewed.

People told us that there was enough staff to support them. A person said, "I have three staff sometimes to help me." Another person told us, "I don't worry because the staff are always here to help me even in the night." We saw that people had their needs addressed without delay because staff were always in the vicinity to support them. Relatives told us they had no worries about staff numbers, one relative said, "There's always staff and more importantly they are good staff and make time for people and us when we visit." Staff told us that they were happy with the staffing levels. The registered manager used a dependency tool to calculate staffing levels to ensure there were sufficient care and nursing staff to safely meet people's needs. We saw that care staff, in addition to their care duties also undertook the cooking, cleaning and laundry. We saw these tasks did not impact upon their time to respond to people. We saw that when people requested to go out there was sufficient staff available to support them.

Safe recruitment practices were in place to ensure staff employed were safe to support people. We saw that appropriate checks were completed before new staff started working with people. For example references and checks with the Disclosure and Barring Service (DBS) were in place. These would check for a criminal record or if the person had been barred from working with adults. Checks on nurses had been also been undertaken with the Nursing and Midwifery Council (NMC) to check they were safe to practice.

We observed safe medicine practice; the nurse carried out checks on the medicine to be given and the dose. We saw that people were given an explanation of what their medicine was for and asked if they wanted it.

The nurse took their time with each person ensuring they had the time they needed and the encouragement. We heard the nurse advising a person of the after effects, she said, "Let your medicine go down first, give it an hour and then you can eat, you don't want to be sick." There was written guidance as to the way people preferred their medicine to be administered and staff were able to describe this to us. Staff had been trained and assessed as competent before they were given the responsibility of administering people's medicines. Medicine Administration Records (MAR) showed that people received their medicines as prescribed. A range of checks were undertaken each day and periodically by the registered manager to check the safety of medicines management at the home.

Good

Is the service effective?

Our findings

People told us they were happy living at the home. One person said, "Staff are very good at helping me". Relatives we spoke with were complimentary about the skills of staff. One relative told us, "The staff are great; they know what they are doing."

New staff confirmed that they had undertaken the Care Certificate training which is a nationally approved set of induction standards. Staff told us they had the opportunity to shadow established staff and that their competencies were checked to ensure they had the right skills to support people. All of the staff confirmed that they received regular supervision in which they could discuss and reflect on their care practice and training needs. One staff member said, "I have regular supervision and a lot of support; the manager is very knowledgeable and helpful." Another staff member said, "You can ask for advice or help you don't have to wait for supervision".

We saw there was a structured training plan which covered core subjects relating to the care of people as well as specific training relating to the specific needs of the people living at the home. We observed staff using their skill and knowledge to meet people's complex needs. For example, throughout the day we saw that all of the staff used different methods of signing, speech or the use of pictures to assist people to better understand what was being offered to them. We saw that staff had specific training related to supporting people with their behaviour so that they could safely disengage from potentially escalating situations. One staff member we spoke with told us, "We discuss what training we need to do and some of that is specific to people's complex needs such as epilepsy."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw that mental capacity assessments had been carried out so that staff knew people's individual decision making strengths. Records that we looked at confirmed that DoLS approvals were in place where people needed these to ensure their safety. Staff had been trained and understood the principles of the MCA and were able to tell us what restrictions were in place and why. For example where people may need a lap strap to keep them safe in a chair, or where a person requires constant supervision to protect them from harm, or where a person's medicines need to be administered covertly. We saw that detailed explanations were in place to ensure staff understood any restrictions and only applied those which had been authorised.

We saw that staff consistently sought people's consent prior to assisting them. All of the staff demonstrated a high regard for people and showed this in the way they explained and waited for people to respond. We saw staff were seeking people's consent by interpreting people's gestures, expressions and actions which

showed them if the person agreed to the support being offered. We saw that staff assisted them with their choices throughout the day.

The registered manager had ensured that where people did not have the mental capacity to make decisions about aspects of their care appropriate family members and health professionals had been consulted to ensure decisions were made in the person's best interest.

We heard staff asking people what they would like to eat and drink and observed choices were offered. People told us they liked the food, one person said, "I think the staff cook well I love the food." Some people had specific needs in relation to eating and drinking and we saw that health professionals had been involved to provide guidance to staff so that people could eat and drink as safely as possible. We saw that people received support that was in line with their specific needs and that staff were aware of the safeguards in place for each person in relation to their eating and drinking.

People had been supported to maintain good health and to access a wide range of healthcare professionals. One person said, "I see the doctor and the dentist and go to the hospital." Relatives confirmed that people were supported with their health care. One relative told us, "I'm always involved in any healthcare decisions." Each person had a health action plan which detailed their specific health needs and how these should be met. This was in line with best practice guidance so that healthcare professionals understand the needs of people who have a learning disability or autism, as well as their mental and physical health needs.

Good

Is the service caring?

Our findings

We saw that staff consistently demonstrated a caring approach to people they supported. They were attentive, patient and kind. We saw many examples of a caring attitude which was a quality shared by all of the staff we saw.

We saw staff were tactile in their approach; one massaged a person's leg because they were having a muscle cramp. We saw staff sit and spend time with people; listen to them and enjoy their company. We saw some people sought hugs and kisses to greet staff demonstrating they had positive relations with staff and were happy in their company.

People told us that the staff were polite and respectful and we found from people's comments that staff valued what was important to people to make them feel happy. For example one person said, "They speak to me nice and listen to me." Another person told us, "I like that they say hello to me every day and talk to me; I love them."

We saw that staff actively promoted people's independence; one person was encouraged to adjust the position of their recliner chair. They told us, "I can do this myself, just need to take time with it." We saw another person choose the chair they preferred to sit in and staff assisted them with this.

On several occasions we saw staff respond to people's emotional needs recognising their comfort needs and distress. Staff showed they could interpret people's gestures and anticipate their need for comfort; we saw a staff member stroked a person's cheek whilst calming and reassuring them.

People told us staff respected their dignity and privacy, one person said, "They help me to look nice and tell me I look nice." We saw staff were discrete when assisting people with their personal care or appearance and did this quietly within the privacy of people's own rooms. Relatives told us that their family member was always well presented and supported to dress to their own individual style.

Relatives told us they could visit or phone at any time and were always made welcome. Staff demonstrated they had positive relationships with family members. Staff told us that this was important to them so that they could support people who lived at the home in the way that they wanted.

Where people were unable to make decisions independently their family advocated on their behalf and we saw records to confirm this, particularly in relation to best interest's decisions. Whilst no one required the use of an advocate, contact details were available. An advocate can represent people to express their views where they may be unable to do so for themselves.

We observed that people made their own decisions about their care and that communication aids such as pictorial prompts were used to aid people's understanding and assist them with choices. We observed that people made their own decisions about their daily routines and care. People were also supported to decide their own care, for example one person had been assisted to do this with their own alarm clock so that they

could control the time and frequency their position was changed to provide pressure relief.

Good

Is the service responsive?

Our findings

We saw an assessment of people's needs was carried out which involved them and/or their relative. This ensured people were involved in identifying their individual needs and personal preferences. People had been given the opportunity to visit the home before moving in which provided staff with the opportunity to identify people's needs. The registered manager had sought feedback from people on their experiences of moving into the home and we saw one person had commented; "I came here to visit before I moved in and liked it. I came and had lunch and chose to live here." Feedback from relatives confirmed they contributed to care planning and reviews of their family member's needs to ensure they were supported in the way they wanted.

Care plans contained detailed information which guided staff around how care should be delivered. All staff we spoke with had a good understanding and knowledge about people's needs and what they should to do to meet their needs. We saw that people were also actively involved in directing their daily routines. For example we saw one person expressed that music be played for ten minutes before they got up in the mornings to help them orientate themselves. Another person had commented that the staff were responsive to their personal preferences when they said, "I choose who works with me if I don't like them I would say." We noted that staff consistently responded to another person's requests regarding their comfort as they frequently experienced spasms and pain. We heard the person say, "Help me" and pointed to their leg. We saw staff assisted them without delay several times, massaging their limbs and reassuring them.

We saw positive feedback from Sandwell local authority who conducted a quality review which looked at how the service promoted opportunities for people with disabilities to direct their own care. They commented that staff promoted good communication with people using aids, pictures and communication passports. We found that this ensured people had an accessible means of communicating their needs therefore ensuring a more person centred approach to their care.

People told us they were supported to have relationships with those who were important to them. We heard from family members that they were encouraged to visit the home where they were able to.

People had access to activities on a daily basis and these were kept under review to make sure people enjoyed them. Relatives we spoke with were happy with the activities their family member took part in. One person's relative told us, "They go out to places they like and do things they enjoy." To increase people's participation within their community, staff had supported people to develop 'community maps' and activity planners. These had a strong emphasis on identifying people's lifestyle choices so that the person was at the centre of any plans or activities. For example identifying the places they liked to visit, people they liked to see, or holidays they preferred and reflected people were fully supported to access their local community amenities. One person wished to be more involved in their local church. We saw they had been supported to help at the church fete, manage a stall and circulate Mass service sheets to parishioners. We also saw people experienced themed nights which enabled them to have tasters of foods from different countries. One person told us how they particularly enjoyed the authentic dishes.

We saw staff had liaised with their local service user forum; a platform where the provider promoted people's opportunities to share experiences with people from other services. People from the home attended these meetings every three months and records showed the provider had used this feedback to improve their practices. For example one person had been involved in staff interviews as part of the recruitment process, and another example was the production of picture menus and pictorial minutes of meetings.

Some people who lived at the home were unable to make complaints due to their communication needs. However we saw that care plans stated how the person would communicate if they were unhappy about something. Staff were aware of people's forms of communication and how to interpret their needs. A complaints procedure was available in a suitable format for people to access. There was a system to investigate and respond to complaints although none had been made about this service. In addition people attended the service user forum which provided them with an opportunity to raise any issues they might have.

Good

Is the service well-led?

Our findings

People who lived at the home and their relatives were complimentary about the way the service was managed. One person told us, "I love it here it is my home and I'm happy"." A relative said, "It's fantastic; they are so good and I have no worries." Staff told us they enjoyed their work and had positive relations with the registered manager who they described as approachable, supportive and knowledgeable.

People knew who the registered manager was and although the registered manager was not present at the inspection, people spoke positively about their relationship with her. People confirmed she was available to them on a daily basis. 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 leadership structure had remained unchanged since our last inspection in August 2015. Staff informed us that they had consistently good management. They felt they could approach the registered manager and told us they had regular support, supervisions and meetings.

The registered manager kept us informed of events and incidents that they are required to advise us about. Staff were aware of the provider's whistle blowing policy and how they could use the policy to raise concerns about people's safety. Staff supervision focused on quality issues and performance and ensured staff understood their responsibilities.

There was a clear vision and commitment to deliver quality care to people. This was evident with good links with other forums to learn from people's experiences and create better outcomes for people. People had 'community maps', a positive initiative to explore with them how they wished to pursue their social and recreational interests. There was a strong focus on people's care being led by them; care plans were specific to ensure staff promoted people's wishes as well as their desires and this enabled people to have more control over the way their care was delivered. We saw positive feedback from external professionals on the strengths of the service in terms of the use of communication aids to support people to express their needs, person centred plans and positive engagement with people.

There was an inclusive culture where people had several platforms to share their views both within the home and via external forums. Relative's views had been sought via meetings and questionnaires and we saw feedback was consistently positive.

We found that the provider and registered manager carried out regular spot checks and audits within the service to ensure the quality of the service people received and to identify areas for improvement. These included checks on the safety of the environment and equipment used, fire safety, medicines management and care records to ensure appropriate guidance was in place to support people safely. Reviews of accidents, incidents and events was undertaken to ensure risks could be mitigated. For example action had been taken where staff had used one person's en-suite for another person.

The provider had recognised and improved the equipment people needed such as the ceiling track hoist which provided a more dignified means of transferring people from one seat to another. Whilst the ceiling track hoist enabled staff to lift people into their chairs we saw there was a distinct lack of space for staff to manoeuvre chairs. Most people required specialist wheelchairs and recliner chairs which were large which limited the space in the communal lounge. We also saw staff struggled to negotiate corners and corridors to exit and access parts of the home; as evidenced by damaged woodwork around door frames and skirting boards. At times we saw people who were mobile having to wait before they could navigate their way safely into the lounge between wheelchairs and staff assisting people. Staff commented on the lack of space and recognised that this was as a result of people's changing physical needs. We were informed that this was recognised in the business plan that is shared with the provider to inform planning for the future of the service.