

Lonsdale Midlands Limited

# Lonsdale Midlands Ltd - New Street North

## Inspection report

1-5 New Street North  
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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

Lonsdale New Street North is a residential care home providing personal care to seven people with learning disabilities. The service can support up to eight people.

The care home accommodates people in one adapted building which is laid out over two floors. People had individual bedrooms and there are two self-contained flats on the second floor.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People and their relatives were consistently positive about the care and support provided. Typical comments included, "I am very happy living here" and "This is the best home we have used".

People were kept safe by staff who knew them well and understood how to minimise the risks to people. There were enough staff on duty to meet people's needs and people received their medication at the right time.

Staff were well trained and supported in their role and people had access to food they enjoyed and healthcare they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was well-led and the manager and provider carried out regular and thorough checks to make

sure people received good quality and safe care. People and their relatives had the opportunity to give feedback on the service and managers made themselves available to support staff when required.

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

#### Rating at last inspection

The last rating for this service was good (published 28 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Lonsdale Midlands Ltd - New Street North

## **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.

### Inspection team

The inspection was carried out by one inspector.

### Service and service type

Lonsdale New Street North is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 who was in the process of registering with the Care Quality Commission.

### Notice of inspection

This inspection was unannounced.

### What we did before the 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff, including the manager, deputy manager, operations manager and care workers.

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the home was a safe place to be. One relative said, "My relative being there puts my mind at rest and I don't have to worry." Another told us how the service had created a safe place for their family member. They said, "[Person's name] will wander off so they have put in key pads and alarms to alert staff but he can still have his personal space."
- Staff received training in how to recognise possible abuse and knew how to report concerns. One member of staff told us, "I would report anything to the manager and go higher if needed."

Assessing risk, safety monitoring and management

- Staff had a good understanding of the risks to people and we saw that they took care to keep people safe. For example, one person was going out on a trip during the inspection and staff took their emergency medication with them in case this was needed.
- There was clear guidance for staff on how to manage risks; for example, people had positive behaviour support plans which outlined how staff could reduce people's anxiety.
- The service carried checks on fire safety and the environment to make sure people were safe.

Staffing and recruitment

- We saw that there enough staff available to support people and enable them to go out and take part in activities. People were supported by the numbers of staff outlined in their support plans.
- Checks were carried out on staff before they started work in the home to make sure they were suitable to work with people.

Using medicines safely

- Records showed people received their medication at the right time. Medicines were stored safely and staff received training in how to support people with their medicine as prescribed.
- Some people required medication 'as and when required' or in emergencies and staff understood when these were needed and how to give them.
- Some people took their medication crushed with food or drink and the service had checked with the pharmacist this was safe to do so

Preventing and controlling infection

- The home was clean and free from any unpleasant smells.
- Staff had access to personal protective equipment such as gloves and aprons to reduce the risk of infection.

### Learning lessons when things go wrong

- The manager reviewed incident and accident records to make sure appropriate action could be taken to reduce the risk of further harm.
- For example, one person had experienced several recent falls at night as they were having trouble sleeping. The manager had made a referral to the local authority falls team for advice and had introduced a programme of activities to help the person relax before bedtime.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs were assessed before they moved into the home to make sure their needs could be met. This included assessing people's individual preferences and their cultural and religious needs.
- The service carefully assessed how any new admissions would fit in with the needs and likes of the existing group and introduction visits were organised as part of the assessment process.

Staff support: induction, training, skills and experience

- Staff who had just joined the service told us they had received a good induction programme, which included the chance to shadow more experienced staff.
- Records showed that staff received training that was relevant to their role and to people's needs. For example, one member of staff told us, "The behaviour management training was good as it helps us to think about how we can de-escalate situations."

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

- People told us they enjoyed the food that was provided and we saw that people had a say in the menus. One person said, "I like the food here."
- Staff told us people took it in turn to choose the evening meal but that alternatives were always offered.

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

- Relatives told us that their family members had access to health care professionals when needed. This was supported by records showing that people had regular appointments with dentists, GPs and chiropodists.
- Staff monitored people's health, such as weighing people regularly, and made referrals to healthcare professionals if there were any concerns.

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

- The environment had been adapted to meet people's needs. For example, there was a lift to help people move around the home safely and there were two self-contained flats for people to use which helped people to have some independence. One relative said, "The home is perfect; [person's name] has a lift and his own flat which is just right for his needs."
- Bedrooms were personalised with décor and possessions that were important to people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- We saw that the service had applied for DoLS where appropriate and had taken care to ask for DoLS to be renewed when they had expired.
- Staff understood the importance of giving people choice and asking for their consent. Some people did not have the capacity to make more complex decisions. In these cases, the service had arranged for discussions to be held with family members and other professionals to make sure decisions were made in people's best interests.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and their relatives told us they were happy with the way care and support was delivered. One person said, "I like the staff; they are nice."
- We observed staff treating people with patience and humour. One relative said, "I can tell [person's name] is fond of the staff and is very comfortable with all of them."
- Staff told us how much they enjoyed working with people and how they wanted to make sure people were well looked after. One member of staff said, "I love working here as it is so rewarding."

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

- People were supported to make choices about everyday life in the home as much as possible. For example, we saw people making choices about what they wanted to eat and how they wanted to spend their day. Staff understood how people would make choices if they had no verbal communication. For example, one member of staff said, "[Person's name] would tell us they are not hungry by walking away."
- Where possible, people were involved in reviewing their care plans and one person told us how they were going to attend a review meeting next week with their social worker.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be as independent as possible. One person told us their aim was to move into their own flat and explained how staff had encouraged them to learn new skills and develop their confidence. They said, "I have been practicing going to the post office and the shops and it's going well."
- Some people had keys to their own rooms which they could use when they wanted some privacy and we saw staff treat people with dignity during the inspection.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care and support plans were personalised to ensure they reflected people's likes and dislikes.
- People were supported by a consistent staff team who knew them well. This meant people were supported in line with their preferences.
- The service was organised to meet people's needs; for example, staff worked all day shifts which meant people could go out for the day and not have to return home for staff shift handover.

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.

- The service ensured information was displayed and given to people in an accessible way. For example, there was large noticeboard which had symbols to let people know what activities were taking place.
- People had communication plans which helped staff understand how people preferred to communicate and how these might change depending on their mood and what was happening.

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

- We saw people had individual activity plans but that these were flexible. This meant people could make choices each day about what they wanted to do. Activities included trips out into the local community and further afield. One relative said, [Person's name] does go out and about and the staff do encourage her which is good."
- The provider had organised some activities for people to come together from other homes owned by the same provider. For example, there had been a recent gardening competition between all of the homes.
- Relatives and visitors were made to feel welcome in the home and one person told us how important it was that their sister came to visit them.

Improving care quality in response to complaints or concerns

- The service had just developed an accessible complaints policy so that people knew how to complain. This meant people had a better understanding of how they could complain.
- The service had received no complaints in the last 12 months but relatives were confident the manager would respond to any concerns they had.

#### End of life care and support

- No-one was receiving end of life care at the time of the inspection but the manager told us, if they ever needed to, they would work with people and their families to ensure people were treated with dignity and respect.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People, their relatives and staff were happy with the way the service was being led and managed and we saw the manager had created an open and honest culture within the home.
- Staff felt supported and told us that the manager was approachable. One member of staff said, "I can call the manager at any time and they will always respond."

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 had notified relatives, the local authority and CQC of any incidents as they are required to do so.
- We found the manager and provider to be open throughout the inspection about what the service does well and what needed further improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The provider and the manager undertook regular checks and audits to make sure the service was safe and effective. These included checks on medication, vehicles and infection control. Any actions were noted and carried out.
- The provider carried out a quarterly audit of the service and actions needed were put into a service development plan which was monitored closely.
- The manager kept in touch with best practice by attending events and courses which were arranged by the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had the opportunity to give feedback on the service. People were supported to complete accessible surveys and we saw that action was taken as a result. For example, a new easy read complaints policy had been created to help people understand how they could complain.
- We looked at surveys that had been sent in by relatives in the last two months and responses were consistently positive.
- The provider encouraged staff to nominate colleagues for regional and national awards to acknowledge the commitment and service staff gave to people.

#### Working in partnership with others

- The manager told us the service had good working relationships with other agencies which helped people receive the care and support they needed.
- We saw that some healthcare professionals had sent in written compliments about the staff and the way the service worked in partnership. Comments included, "Friendly and helpful staff" and "Records were excellent and useful".