

Lonsdale Midlands Limited

Lonsdale Midlands DCA

Inspection report

5th Floor, Hawthorns House
Halfords Lane
West Bromwich
West Midlands
B66 1BB

Tel: 01215658120

Date of inspection visit:
15 February 2016

Date of publication:
16 March 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

Our inspection took place on 15 February 2016.

At the time of our inspection 11 people received support and personal care from the provider. People who used the service had needs associated with a learning disability or an associated condition.

Services delivered were personal care to people who lived in their own flats within the community or supported living premises. Supported living enables people who need personal or social support to live in their own home supported by care staff instead of living in a care home or with family.

At our last inspection of January 2014 the provider was meeting the regulations that we assessed.

The manager was registered with us as is required by law. 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 provider had not taken action to make sure that medicines were stored at the correct temperature to prevent any possibility of them being spoilt or not working as they were supposed to. Medicines were not always date labelled when first opened so there was a possibility they would be continued to be used after the expiry date had past.

Relatives told us that they were not aware of any incidents of abuse. There were systems in place to protect people from the risk of abuse and staff followed these. Staff knew how to report any concerns that they may have and the registered manager reported incidents to the local authority safeguarding team as they were required to.

Recruitment processes were robust and reduced the risk of unsuitable staff being appointed.

Staffing levels ensured that people received the care and support they needed. People were supported by staff who were kind, caring, respectful and knew them well.

People and their relatives had been involved in the planning of care to ensure that people received the care and support in line with their needs and preferences.

Staff told us that they enjoyed their work and felt adequately supported on a day to day basis in their job roles. People were cared for by staff who were trained so that they could carry out their role effectively.

People who used the service described the staff as being nice and kind. Staff showed an interest in people and showed them respect.

Staff were aware of how to support people's rights and seek their consent before providing care and ensured people were supported to make day to day choices.

Staff had an understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS). This ensured that people who used the service were not unlawfully restricted.

We found that a complaints procedure was available for people to use and relatives told us that they would access them if they had a need to.

Management systems and the quality monitoring of the service gave some assurance of a well-led service. Relatives had confidence in the managers and told us that improvements had been made of late.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The provider had not got processes in place to ensure that medicines were stored at the correct temperature or labelled correctly.

Recruitment systems prevented the possibility of the employment of unsuitable staff.

Systems were in place to protect people from the risk of abuse and staff followed these systems.

Is the service effective?

Good ●

The service was effective.

The provider was aware of their responsibilities regarding Deprivation of Liberty Safeguarding (DoLS). We saw that people's consent was sought before staff supported them.

Staff support systems regarding formal supervision were regularly offered.

People were offered and enjoyed meals that they liked.

Is the service caring?

Good ●

The service was caring.

People described the staff as being kind and caring and we saw that they were.

People's dignity and privacy were maintained.

People's independence regarding their daily living activities was promoted.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place to instruct staff how they should meet people's needs.

People's care was delivered in line with their preferences and needs.

People felt confident that they could raise any concerns and knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

Relatives knew who the manager was and had confidence in the leadership of the service.

The staff felt supported and guided by the management team to provide a good service to people.

Audit systems had been used to ensure that the service was safe and being run in the best interests of the people who used it.

Lonsdale Midlands DCA

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 15 February 2016 and was announced. The provider had a short amount of notice that an inspection would take place. This was because we needed to ensure that the registered manager or provider would be available to answer any questions we had or provide information that we needed. We also requested that the registered manager or provider asked people who used the service if we could visit them in their homes.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. We asked local authority staff about the service, they told us that they did not have any significant information to provide.

With prior permission, we met with four people who used the service and spoke with one person. We spoke with five staff, plus a staff member from the recruitment section who were based at the office, and the registered manager. We looked at the care files for two people, medication records for two people, recruitment records for two staff, staff training records, complaints and safeguarding processes.

Is the service safe?

Our findings

We found that there was no system in place to monitor the temperatures of the medicines stored in the communal medicine cupboard. This did not demonstrate that the manufacturer's guidance was being followed regarding the storage of medicine to ensure that it would be safe to use.

We found that medicines with a short expiry date were not always dated when opened. This meant that there could be a risk that the medicine could be used after the expiry date had past and it may not work as it was supposed to. The registered manager told us that they would address the issues.

We found that one person's medicine records were not fully completed. Staff told us and were able to evidence that at the time the person was staying with their parents. They told us that they knew that they should have entered a code on the record to reflect this but it had been overlooked. The registered manager told us that they would ensure that this was done in future.

A person told us, "The staff do my tablets alright". All of the staff we spoke with who prompted people with their medicines told us that they had received the training that they needed to be able to do this safely. We saw that their competency to manage medicines had also been assessed. We checked medicines for two people and found that the number of medicines was correct and reflected what was on the records. There had been a medicine error a year ago. The registered manager had been transparent and open about this and had reported the incident to the local safeguarding team. Following the incident all staff had received further training to prevent the risk of further errors.

A person who used the service said, "No one has treated me bad". A relative told us, "No I'm not aware of anything like that" [abuse]. The risk of abuse to people was minimised because there were procedures for staff to follow in the event that they suspected that abuse was taking place. Staff we spoke with told us that they understood their responsibility to keep people safe and told us that they had received training to do so. Staff were knowledgeable about the types of abuse and gave examples of the types of things they would consider to be unacceptable. Staff told us that any concerns they had would be passed onto a team leader or the registered manager. Some recent concerns had been investigated and action had been taken to address these. The registered manager had reported the concerns to the local authority safeguarding team and to us as is required by law.

We looked at the records of money that was being looked after in 'safe keeping' for people. We found that the staff had not been following the provider's instruction that two staff should check and sign each transaction. For one person there was no record of the actual amount of money available. We identified that if there was a total it would have been in deficit as the amount of money spent was more than the amount of money available after the previous transaction. The registered manager agreed that this should not have happened and told us that they would attend to the issue.

A relative told us, "They [person's name] are safe there". We saw that risk assessments had been undertaken to explore any risks and reduce them. The registered manager gave us a detailed account of how they

monitored incidents and accidents. They told us that each case had been discussed with staff teams to see what changes could be made to prevent reoccurrence. This demonstrated that safety practices were in place to ensure that people were not at risk from being injured.

A relative said, "There are the right number of staff and they [their family member] have the same staff to look after them. A staff member told us, "There are enough staff. Each person had a certain number of staff member allocated to them". Other staff we spoke with also told us that they felt that there was enough staff to supervise people, provide support, and take them out into the community whenever they wanted to. We observed that staff were available during the day to supervise people and to keep them safe. Records that we looked at showed that where possible the same staff worked with people to enable good relationships to develop and a consistent approach. Staff told us that they covered for each other during holiday time. They also told us that there were bank staff who people were familiar with and knew people's needs who could be called upon at short notice. Bank staff were employed to cover staff sickness or staff holiday leave. This was confirmed by the registered manager. This should ensure that people would be supported at all times by staff who were familiar to them and knew their needs.

A staff member said, "All of the checks had to be done before I was allowed to start work". All staff we spoke with told us that checks had been undertaken before any new staff were allowed to start work. This was confirmed by the registered manager and a staff member from the provider's Human Resources department we spoke with. We checked two staff recruitment records and saw that pre-employment checks had been carried out. For both these included the obtaining of references and a check with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. These actions decreased the risk of unsuitable staff being employed.

Is the service effective?

Our findings

A person said, "I like it here". A relative told us, "I am very happy with the service and don't want it changed". Another relative said, "Everything is great at the moment".

A staff member told us, "I had induction when I started. I went through policies and procedures, worked with experienced staff and had an introduction to people". Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. The training manager told us that the new induction package that they were introducing met the requirements of the new 'Care Certificate' for new staff members. The Care Certificate is an identified set of standards that care staff should adhere to when carrying out their work. All staff we spoke with told us that they felt supported on a day to day basis. A staff member said, "We can always contact a manager if we need to". Another staff member told us that they received regular supervision and it was good because they got feedback on their performance. Records that we saw confirmed this.

A person said, "The staff know how to do things". A relative told us, "The staff do what they should do". Staff we spoke with told us that in general they had received the training that they needed. A staff member said, "I did my training when I started". The staff training records that we looked confirmed that staff had received training and clearly highlighted when it was due again.

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 where personal care is being provided must be made to the Court of Protection and are called the Deprivation of Liberty Safeguards (DoLS).

People and their relatives were involved in decision making. Relatives we spoke with told us that where more formal decisions about support were needed they were involved in meetings and discussions. They also told us that where their family member was not able to decide on how they wanted their care provided staff involved them in making decisions. The registered manager told us and we saw records to confirm that if people were unable to make decisions a social worker would be secured to assist to act in the person's best interests. Staff told us and records confirmed that they had received MCA and DoLS training. A person told us that staff involved them in day to day decisions about their care and said, "I do what I want". Staff knew that they should not restrict people's freedom of movement in any way and that it was important for them to offer people everyday choices. The registered manager had knowledge of the principles of the MCA. They told us that they had contacted the local authority to discuss if DoLS approvals were needed and were told that they were not.

A person said, "The staff always ask me what want to eat. I like the food". We saw that care plans highlighted

what people liked to eat and did not like. A relative told us that staff knew what their family member liked to eat and drink and the food was adequate. We saw that care plans encouraged people to eat a healthy diet to prevent health risks. Staff we spoke with knew of any dietary needs and risks if they were required to support people with eating and drinking. We saw that records were made of what people had to eat to monitor that they had consumed sufficient amounts to prevent malnutrition.

A person told us, "I see the doctor". A relative said, "The staff sort all the appointments then let me know". All staff we spoke with told us that when there was a need they would support people to make doctor appointments and or access other healthcare professionals. This was confirmed by the relatives that we spoke with. Staff told us that when they identified that a person was in need of assessment and or/treatment from healthcare professionals they would discuss this with the person and/or their relative for them to take action, or they would make the arrangement on their behalf. The relatives we spoke with also confirmed that this was correct.

Is the service caring?

Our findings

A person described the staff as being, "Very nice". A relative said, "The staff are good with them" [person's name]. A staff member said, "I enjoy my work here. All the staff here are caring". Our observations showed that staff listened to people, took an interest in them, and were friendly towards them.

A relative said, "From what I have seen the staff are polite". A person said, "I wash and dress me". They also said, "I wear what I want". Staff told us that they knew that it was important that people dressed in the way that they preferred. We saw that people wore clothes that were appropriate for the weather [warm clothing as it was a cold day] and reflected their individual tastes. Staff confirmed this and told us that when people were attending to their personal care they made sure that doors and curtains were closed. Records highlighted that staff had determined the preferred way people liked to be addressed. We heard that staff used this name when speaking to them. A person said, "I do what I can myself". A staff member told us, "We always encourage people do what they can. It may only be a small thing but is still promoting independence". A relative told us that staff encouraged their family member to retain their independence. This highlighted that staff promoted privacy, dignity showed people respect regarding their individuality and promoted their independence.

A person said, "I know what staff say". We observed that staff knew how to communicate with people. We saw that staff stood by people and faced them when speaking. We also saw that staff repeated things if they thought that the person had not understood what they had said.

A person told us told us that they enjoyed having contact with their family members. We found that staff supported people to retain this contact either by visits. A relative said, "When I visit the staff make me feel welcome".

Is the service responsive?

Our findings

A person said, "The staff know me". A relative told us, "I think the staff know them [their family member] well". We saw that processes were in place to assess people's needs before they were offered a placement to ensure that staff could meet their needs. We found that if changes to people's situations occurred then staff asked social services for reviews to be carried out. Records that we looked at had information about people's likes and dislikes. All staff we spoke with gave us a good account of people's likes and dislikes regarding their care and aware of how people preferred to be supported. We found that staff would support people to access places where they could follow their preferred faith. The registered manager told us if people want to practice their faith we support that.

Relatives we spoke with confirmed that their relatives had 'records' in their homes to give the staff instruction on how they should be looked after. When we visited people in their homes we saw that care plans and records were available. A person said, "I see a record". A relative told us, "I attend care reviews with social services and the staff". Staff we spoke with told us that they used the care plans to instruct them and it worked well. This meant that people could have confidence that their needs would be met.

A relative said, "I would tell the staff if I had a need to complain". We saw that the complaints procedure was available. It had been produced in words and some pictures that could make it easier for people to understand. We saw that the provider had a process in place to annually review any complaints that had been made. This was to determine patterns or trends and make changes or improvements where needed. We found that a relative had made some complaints and that the provider had arranged a number of meetings to discuss the issues. As the situation could not be resolved it had been referred to the person's social worker.

Is the service well-led?

Our findings

A person said, "It is good here". Relatives we spoke with told us that the service was well-led. Staff we spoke with told us that they felt that the service provided was of a good standard.

A relative told us that they knew who the registered manager was and the team leader for the supported living venue where their family member lived. The provider had a management structure in place that relatives and staff were aware of. A registered manager was in post who was supported by team leaders.

Staff confirmed that the registered manager carried out spot checks to ensure that the service was running as it should. The registered manager said, "I turn up at different times, weekends and evenings, to do my checks. Staff told us and records confirmed that staff from other parts of the organisation monitored, checked, and reviewed the service. We saw that action plans were in place and issues raised had been actioned. However, these had not picked up the issues we found concerning the lack of monitoring of medicine storage temperatures. The registered manager told us that they would address this. The registered manager also told us that they felt supported by the provider in the continuing reviewing and development of the service to ensure it met people's needs.

A relative told us, "I am asked my views". We saw that provider feedback forms had been completed by relatives. We saw that there was positive feedback from these and generally relatives felt that the service was good. Some issues had been raised by one relative and these were being looked into by the registered manager to resolve them. A relative said, "There were some issues before but these have been dealt with".

A staff member said, "We have meetings regularly. They are good as we can discuss issues". We found that some formal support systems were in place to support staff which included staff meetings. Staff told us that on call arrangements were in place so that they could be guided and supported outside of business hours.

One staff member said, "I would report anything like bad practice to the manager". Other staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. We saw that the provider had a whistle blowing policy in place and staff we spoke with were aware of this policy.