

Lonsdale Midlands Limited

# Lonsdale Midlands Limited - 164 Walker Road

## Inspection report

164 Walker Road  
Walsall  
West Midlands  
WS3 1BZ

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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

What life is like for people using this service:

- People continued to receive safe care. People were safe and staff knew how to keep them safe from harm. The provider had a recruitment process to ensure they had enough staff to support people safely. People received their medicines as prescribed. People were protected from the risk of infection because staff followed infection control guidance and had access to personal protective equipment. Accidents and incidents were recorded and appropriate action taken to reduce people's risks.
- People continued to receive effective care. Staff had the skills and knowledge to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's nutritional needs were met and they received enough to eat and drink to ensure they had a healthy diet. People accessed health care when needed.
- People continued to receive care from staff who were kind and caring and knew them well. Staff were patient, compassionate and empathetic and had built good relationships with people. People's privacy, dignity and independence were respected by staff.
- People continued to receive responsive care. People's support needs were assessed regularly and planned to ensure they received the assistance they needed. People's support was individualised. People were supported to take part in activities of interest and their preferences, likes and dislikes were known to staff. The provider had a complaint process which people were aware of to share any concerns.
- The service continued to be well managed. The environment was friendly, warm, and clean. The registered manager was known and made themselves available. People's relatives shared their views by completing provider feedback forms about the service. Spot checks and audits were carried out to ensure the quality of the service was maintained.

More information is in the Detailed Findings below.

Rating at last inspection:

Rated Good overall (report published 14/09/2016)

About the service:

Lonsdale Midlands Limited is a residential care home that was providing personal care to four people with a range of needs including learning disabilities and behaviours that may challenge at the time of the inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence

and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Why we inspected:

- This was a planned inspection based on the rating at the last inspection. The service remained Good overall.

Follow up:

- We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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.

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## **Detailed findings**

### Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Lonsdale Midlands Limited is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced Inspection.

What we did:

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider. They raised no concerns about the service.

During the inspection visit we spoke with four people and three relatives to share their views about the support they received. We spoke to two staff members and the registered manager who was available throughout the inspection. We spoke with two health care professionals.

We looked at the care and review records for two people who used the service and one staff file. We looked at recruitment and training. We looked at records for how people were administered medicines as well as a range of records relating to the running of the service. This included incident and accident monitoring, auditing systems and complaints.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- Relatives told us they felt people were safe at Lonsdale Midlands Ltd. One relative said, "Staff are very good with [person]. They know what to do."
- Staff knew how to recognise abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.
- Staff had a handover system to pass important information about people when changing shifts.

### Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people. One health professional described how a person's levels of anxiety had greatly reduced since moving to Lonsdale Midlands, due to the level of support staff had provided for this person.

### Staffing levels :

- Relatives told us there were enough staff to support people.
- Staff told us most of them had worked at the home for a long time, and we observed there were enough staff to attend to people's needs.
- There were thorough recruitment processes in place.
- We saw evidence of recruitment checks taking place before staff were appointed. This ensured suitable staff were appointed to support people.

### Using medicines safely:

- Medicines systems were organised and people received their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

### Preventing and controlling infection

- We found the home to be clean and tidy.
- We saw staff using personal protective equipment and observed that this equipment was readily available to them.
- We saw staff supporting people following good standards to ensure they could protect against the spread of infection.

### Learning lessons when things go wrong

- Where incidents and accidents happened, these were recorded appropriately in people's care records and trends were monitored to prevent re-occurrences. For example, management had introduced a more detailed handover for staff and a 'witness sheet' following a medication error to reduce the risk of mistakes

happening in the future.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: ☐ 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

- The provider carried out an initial assessment and regular care reviews so they could be sure they could support people how they wanted. We observed that people were involved in care planning as much as possible, and care planning documentation was produced in easy read format to help people understand.
- People's equality and diversity needs were identified within the care plan and staff received training in equality and diversity to be able to meet people's needs. Staff told us how people were supported to maintain their religious beliefs. For example, one person had specific dietary requirements for their religious beliefs and staff ensured this food was available for them.

Staff skills, knowledge and experience

- People were supported by staff who had the skills and knowledge to do so. A health professional told us, "The person I see is doing very well there. The staff work well with person. I have no concerns."
- Staff were given opportunities to review their individual work and development needs.
- Where new staff were appointed, we saw an induction process was in place. The Care Certificate standards were included in the induction process. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

Supporting people to eat and drink enough with choice in a balanced diet

- We saw that people's nutritional needs were catered for and they ate a healthy balanced diet.
- Where people had specific dietary requirements, staff knew these and could support people accordingly.

Staff providing consistent, effective, timely care

- People were supported by key workers. Key workers are staff dedicated to a particular individual and who know them well.
- Staff worked well with family members and liaised regularly with them. One staff member said, "I have a good connection with [name of person's] family." Relatives we spoke with confirmed this.
- People were supported to access healthcare in the community and live healthy lives. This was evidenced in people's healthcare plans and corroborated by health professionals we spoke with.
- A healthcare professional visited the home once a month to give people a massage which improved their well-being.
- Health professionals told us how staff at the home worked collaboratively with them. One health professional told us, "Staff are very helpful, very accommodating. They did what they said they would do."

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

- People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations within the environment. Risks in relation to premises and equipment were identified assessed and well managed.

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

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found where people lacked capacity and were being deprived of their human rights, that the appropriate authorisations were in place and being reviewed by the local authority. People were cared for in the least restrictive way.
- Staff received training in the Mental Capacity Act. One staff member said, "The MCA is to protect people and act in their best interests. It is all about choice."
- We observed people being asked for their consent before support was given.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We saw that people were supported by kind, patient and caring staff. Relatives told us, "Staff are friendly, they are very good." Staff told us how much they loved their jobs.
- Our observations showed that staff knew people well. On the day of our inspection, we observed an indoor picnic where people interacted easily with staff and were comfortable around them.
- Staff knew people well and were keen to ensure they were happy. For example, people were taken on holiday each year and staff gave some of their own time in order to facilitate this. The registered manager told us, "Staff are great and go above and beyond."

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

- People and their families were involved in care planning and their views and wishes respected. People's care plans were written in easy read format to help people express their views. There was evidence of best interest decisions in care plans where people needed help to make their choices.
- Staff held monthly meetings with people in order for their views to be shared about how the home was run and what activities they would like to do.

Respecting and promoting people's privacy, dignity and independence

- We saw that people's privacy and dignity was respected. We observed that staff knocked and asked permission before entering a person's bedroom. One person at the home did not like curtains and the provider had arranged for their windows to be frosted to maintain their privacy.
- People were encouraged to maintain their independence and do as much as they could for themselves. On the day of our inspection, one person helped to prepare food for the indoor picnic.
- People were encouraged to integrate into the community as much as possible. For example, one person had volunteered at a local venue and people and staff had completed a charity walk with members of the public.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- People's needs were met and staff showed they understood how to support people. People at the home were mainly non-verbal and staff knew how to communicate with people using sign language, gestures and facial expressions. We observed this in practice when one person used a sign specific to them that their support worker easily understood and responded to them.
- A care plan and assessment was in place to show the support people needed and these were reviewed regularly. People and their relatives were involved in their care reviews. The reviews were completed in easy read format using pictures to help people be involved as much as possible. A relative told us, "We are invited to care reviews."
- Staff understood and knew people's hobbies, interests and preferences to support them to take part in social activities. People were encouraged to be active in their choice of hobbies and interests. For example, one person had wanted to go horse riding and their key worker had taken them, even though they told us they were scared of horses.
- The registered manager was aware of the Accessible Information Standard (AIS). All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. People's communication needs were assessed and met in a way that met the criteria of the standard. This included recording people's communication needs in their care plans

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. While there had been no complaints in the last twelve months, the registered manager knew the importance of monitoring for trends. One relative said, "There is nothing we would change, there are no problems."
- Staff knew who to talk to if they had any concerns. Staff told us they were supported by the management.

End of life care and support

- There were end of life care plans in place which were detailed and person-centred. This meant that people's wishes, values and beliefs would be respected at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Relatives and health professionals spoke highly of the service and explained how the service was always welcoming.
- Relatives and staff spoke positively about the registered manager. One staff member told us, "The service has always been well-led, but it is slightly better now the current registered manager has taken over."
- The registered manager was open and honest about some of the challenges she faced within the service and how she was going to manage these.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager carried out spot checks on staff and regular supervisions and appraisals. Staff confirmed this and we saw evidence of this in records we checked.
- We saw that regular checks and reviews on the service took place to ensure the service people received was of the highest quality.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, deaths and safeguarding alerts.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. While the provider did not have a website, we saw that the rating was displayed within the home. This meant people, relatives and visitors were kept informed of the rating we had given.

Engaging and involving people using the service, the public and staff

- Feedback questionnaires were used to gather information about people's views. A relative told us, "We have no bad feedback."
- Staff were aware of the Accessible Information Standard and we saw that information for people was produced in an easy read format.
- Staff received regular ongoing training to ensure their learning, skills and knowledge was current to be able to support people.
- The office manager completed regular audits as a way of improving the service by the monitoring of trends and using the information gathered to benefit how people were supported.

#### Continuous learning and improving care

- The registered manager had a development plan in place to further improve the quality of the service for people who lived there.
- The registered manager organised ongoing training for both management and staff to continuously develop their knowledge in order to support people appropriately.

#### Working in partnership with others

- The provider worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service people received was person centred. This was confirmed by relatives and health professionals we spoke with.