Mrs Delores Matadeen

Mrs Delores Matadeen - Lansdowne Road

Inspection report

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Date of inspection visit:
21 September 2017
29 September 2017

Date of publication:
04 December 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 21 and 29 September 2017 and was unannounced on both days. At the last inspection on 16 June 2016, the provider had not complied with the legal requirements of Regulation 20A and had failed to display their rating. At this inspection the provider had met the requirements of that breach.

Lansdowne Road is registered to provider accommodation and support for a maximum of 14 adults with mental health needs. At the time of this inspection visit, there were 11 people living at the home.

It is a legal requirement that the home has a registered manager in post. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems in place to monitor and improve the quality of the service were not consistently effective in ensuring people received a good and continually improving quality of service. They had not always been consistently applied to ensure where shortfalls had been identified, they were investigated thoroughly and appropriate action plans put into place to develop and improve the service.

People told us that 'some' staff were kind, caring and friendly and treated people with respect, although there were occasions when staff raised their voices to people. People were relaxed and were supported by staff and the management team to maintain relationships that were important to them. There were activities that provided opportunities to optimise people's social and stimulation requirements. People and their relatives told us they were confident that if they had any concerns or complaints they would be listened to and matters addressed quickly.

Staff were trained to identify signs of abuse and supported by the provider's processes to keep people safe. Potential risks to people had been identified and appropriate measures had been put in place to reduce the risk of harm. People were supported by sufficient numbers of staff that had been safely recruited. People were supported to receive their medicines as prescribed.

Where people lacked the mental capacity to make informed decisions about their care, relatives, friends and relevant professionals were involved in best interest's decision making. Applications had been submitted to deprive people of their liberty, in their best interests; therefore, the provider had acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Overall, people spoke positively about the choice of food available. People were supported to eat and drink enough to maintain their health and wellbeing. People were supported to access health care professionals and people's health care needs were assessed and reviewed.

People felt they received care and support from care staff that had the skills to meet their needs. Staff received supervision and appraisals, providing them with the appropriate support to carry out their roles.

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.

People were safeguarded from the risk of harm because staff had reported possible safeguarding issues to the manager and had followed the appropriate safeguarding procedures.

Risks to people were assessed and managed appropriately.

There were sufficient numbers of staff to provide support to people.

People received their medicines as prescribed.

The provider's recruitment processes ensured people were supported by appropriate staff.

Is the service effective?

Good

The service was effective.

People received care and support from staff that were trained and knew people's needs.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to receive food and drink when required.

Staff supported people to receive medical attention when needed.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Overall, people were supported by caring staff but were, on occasion, spoken to in an inappropriate way.

People's independence and personal choices were not consistently promoted.

People were supported to maintain contact with relatives and significant people in their lives.

Is the service responsive?

Good

The service was responsive.

People spent time completing social activities they enjoyed.

People were involved in planning and agreeing their care and received care that met their individual needs.

People were confident that their concerns would be listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were systems in place to monitor and improve the service but they did not always ensure shortfalls were identified and appropriate action plans put in place to reduce risk of reoccurrences.

People were generally happy with the service they received.

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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 unannounced inspection took place on 21 and 29 September 2017. The inspection team consisted of one inspector and an expert by experience on the first day and one inspector on the 29 September. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of the inspection process 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 and any incidences that put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us, to plan the areas we wanted to focus on during our inspection. Before our inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned within the required timescale. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people. We had received a number of concerns from partner agencies that related to keeping people safe and from risk of avoidable harm. We looked into these concerns as part of our inspection.

We spoke with six people, the registered manager, the provider and six staff members. Because a number of people were unable to tell us about their experiences of care, we spent time observing interactions between staff and the people that lived there. We used a Short Observational Framework for Inspection (SOFI). SOFI

is a way of observing care to help us understand the experience of people who could not talk with us.

We also looked at records in relation to four people's care and medication records to see how their care and treatment was planned and delivered. Other records looked at included three staff recruitment files to check staff were recruited safely. The provider's training records were looked at to check staff were suitably trained and supported to deliver care to meet people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Good

Is the service safe?

Our findings

At the last inspection in June 2016 we rated the provider as 'good' under the key question of 'Is the service safe?'. At this inspection we found the service remained safe. People we spoke with told us they felt safe living at the home. One person said, "I do feel safe here." Another person explained, "It's very safe, it's the best place I've been in". Staff we spoke with explained how they would report any suspicion of abuse and the signs they would look for that could indicate a person was being abused. One staff member said, "I've never seen anyone being mistreated or scared, if I did I'd have to report it to the manager." Another staff member told us, "One way to recognise if someone is being abused or if there is something wrong is if their behaviour changes suddenly, or they pull away from you or won't let you touch them and this is not how they would normally be with you. Then you know something is not right." All the staff we spoke with were aware of how to report suspicions of abuse explaining they would raise concerns with the registered manager or the provider.

We had received information of concerns regarding a number of incidents which had taken place that related to altercations between people living at the home. We found the incidents had been correctly reported and investigated with appropriate measures put in place to reduce risk of reoccurrence.

We saw that individual risk assessments were completed, for example, to assess people's risk of falls and moving and transferring. The assessments were reviewed and there was a record of the actions to be taken to reduce the risk of harm to people. Staff explained how they would move and transfer a person using the hoist. One staff member told us, "We make sure we use the right sling and that it is hooked up correctly before we move [person's name]." We saw one person who was at high risk of falls was accompanied at all times to ensure their safety. People that were at risk of developing sore skin were provided with appropriate pressure relieving equipment.

We saw that general safety checks were in place, along with fire safety plans on what to do in an emergency. Staff spoken with knew what action to take in the event of an emergency, for example if a person began to choke or if there was a fire. One staff member explained, "We'd check to see where the fire was first, dial 999 and evacuate people to the evacuation points."

Everyone we spoke with all told us there were enough staff on duty to meet people's support needs. Our observations around staffing numbers showed people were responded to in a timely manner. We looked at three staff records to check their suitability to work with people living at the home. We found staff had completed the appropriate pre-employment checks that included an up to date Disclosure and Barring Service (DBS) check prior to their employment. The DBS check can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

People we spoke with told us they received their medicine as prescribed by their doctor. One person said, "I get my medication when I need it." We looked at four medicine charts (MAR) and saw these had been completed correctly. We found supporting information for staff to administer 'when required' medicines was available although all the people at the home could tell staff when, for example, they were in pain and

needed their 'when required' medicine. Medicines were stored safely and there was an effective stock rotation system in place. We saw that staff supported people to take their medicines safely and found the provider's processes for managing people's medicines ensured medicines were administered in a safe way.

Good

Is the service effective?

Our findings

At our previous inspection in June 2016, we rated the provider as 'good' under the key question of 'Is the service effective?' We found at this inspection, the service remained 'good'.

Generally, the people spoken with told us they were happy with the staff and felt staff had the skills and knowledge to support them. One person said, "The staff are very good." Staff we spoke with told us they had received training to support them in their role. One staff member said, "I've just completed infection control, health and safety training and how to keep people safe." Another staff member told us, "The training is okay, it's on DVD so we can look at it any time." Although the training staff received was not linked to the Care Certificate, the training reflected the same set of standards. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care. Staff we spoke with confirmed they had received supervision from the registered manager or senior care staff. Staff we spoke with told us they felt supported by the registered manager and provider and that they would speak with them if they were concerned about anything.

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 people lack mental capacity to make particular decisions, any made on the person's behalf must be in their best interests and as least restrictive as possible. We checked the provider was working within the principles of the MCA and found that improvement was required. People we spoke with told us staff asked for permission before carrying out any support and they could make decisions about their care and support. One person said, "Staff do ask me first before they do anything." Another person told us, "I'm very independent and go out a lot." One member of staff said, "[Person's name] can't always tell you but I will ask them anyway, like if they are ready to get up and they will let me know by their facial expression or movement by nodding their head."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interest 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 saw applications had been made to authorise restrictions on people's liberty in their best interests in order to keep them safe. Although we noted that two applications had recently expired. We brought this to the attention of the registered manager and they immediately took action to rectify this.

Five of the six people we spoke with told us they were satisfied with the food they received. One person said, "The food is very good." Another person told us, "You get the food they want to give you, there isn't always a choice." However, on speaking with other people in the home, they all confirmed and our observations showed that there were choices available and where people had changed their mind, an alternative meal was arranged. We saw staff, where appropriate, sat with people to try and encourage them to eat. We had received information that people were not able to access drinks freely throughout the day. Everyone we spoke with told us they could have drinks when they pleased and we saw that people could help themselves to drinks and were offered hot and cold drinks throughout the day. Where people asked for a drink, staff

would make them one.

People's nutritional needs were assessed and there was information in people's care plans about their nutritional preferences. We found, where appropriate, referrals had been made to the GP in respect of the weight loss. We saw that additional support was sought from speech and language therapists (SALT) where people had difficulty swallowing their food. We found the provider had also sought advice from dieticians and staff would add additional calories to people's food. For example, the use of cream instead of milk.

People we spoke with told us they were regularly seen by health care professionals, for example, the GP, optician, podiatrist or dentist. One person said, "I get to see the doctor when I need to." We saw that healthcare professionals completed visiting records with instructions for staff that we could see were followed through. This supported people to maintain their health and wellbeing.

Requires Improvement

Is the service caring?

Our findings

At our previous inspection in June 2016, we rated the provider as 'good' under the key question of 'Is the service caring?' At this inspection we found the service required some improvement. We had received information from partner agencies concerning allegations of staff bullying people who lived at the home. One person said, "The staff do sometimes raise their voices to people to get up in the mornings." Another person explained, "Most of the staff are okay but there are a few that don't always take me seriously." Another person told us, "They [staff] do have a go at me sometimes about what I'm wearing and tell me to go and change, you know silly things like that and telling you how to do things when sometimes you can't be bothered but they tell you anyway." We discussed the comments made with the provider, who had also met with partner agencies to discuss the allegations. The provider explained they had been made aware of the allegations and had been taking steps to address the issues raised. We saw there had been discussions at staff meetings and staff reminded to be respectful of people's choices. None of the people we spoke with told us they felt unsafe as a result of any staff behaviours. Another person explained to us, "The staff do care for us very well."

Our own observations showed that staff were considerate and respectful. Although we did note one person had asked to go out when it was raining but was told they were not being allowed out to get their clothes wet. The person accepted this and did not ask again. We discussed our observations with the provider who told us they could not recall the incident but accepted as the person had mental capacity to make an informed choice, had they wanted to go out into the garden, that should have been their choice. We also saw some positive staff interactions with people, with lots of reassurance and encouragement being given to people that required it.

People we spoke with told us they felt involved in decisions about their day to day care and support needs. One person said, "They [staff] come and talk to me about what I need." Staff were knowledgeable about people's support needs and were able to explain to us how they encouraged people's independence and supported people who could not always express their wishes. For example, we saw one person who was at risk of developing sore skin was regularly supported to stand up and move around and to walk. Other people made their own drinks, cleared the dining tables and took their plates and cutlery to the kitchen after meals. A staff member explained, "Where ever possible, we will always help and encourage people's independence and do what they can for themselves."

People we spoke with told us staff generally, respected their privacy. One person told us, "I can go to my room whenever I need to and the staff will respect that." Staff addressed people by their preferred names and supported people to make sure they were appropriately dressed and that their clothing was arranged to maintain their dignity. Our observations showed that staff were friendly and supported people, who required it, to move around the home safely. This was carried out with care ensuring people moved at the pace suitable to them.

Everyone we spoke with told us there were no restrictions when visiting. One person told us, "My relative comes to visit me at anytime." Although there are no separate rooms for people to meet with their relatives,

they could go to their bedrooms and meet in private, or choose to sit in the dining area. We found people living at the home were supported to maintain contact with family and friends close to them if they chose to.

Good

Is the service responsive?

Our findings

At our previous inspection in June 2016, we rated the provider as 'good' under the key question of 'Is the service responsive?' At this inspection we found the service had remained 'good'.

People we spoke with told us they did receive care and support based on their individual needs. One person told us, "I do talk about the support I need." When we asked staff about specific people, they knew what was important to the person. For example, staff knew one person would not wish to be without their cap and ensured the person was always wearing their cap. Staff were also knowledgeable about people's support needs and risks and how these were to be met. The care plans we looked at confirmed an assessment of the people's needs had been undertaken at the point of admission and had been reviewed. Any changes to a person's health was identified and recorded in the care plans and showed the involvement of health care professionals when needed.

People we spoke with told us they were, overall, satisfied with the home. One person told us, "I have raised a complaint in the past, it was dealt with." Another person said, "I'm very happy here I have no complaints. If I was worried or concerned about anything I'd speak with the manager or the owner." We reviewed the complaints file and saw there had been a small number of complaints made since our last inspection. The registered manager told us complaints and concerns were taken seriously and would be used as an opportunity to learn and improve the service. We saw the complaints the registered manager had dealt with had been investigated and resolved to the satisfaction of the parties concerned.

During the two days we were on site, we saw most of the time people were sat watching the television. One person told us, "I do get to go out quite a lot during the week." Another person said, "I prefer to stay in my room." We did see some people reading the newspaper, others went out to the shops or visited friends. Staff did try to engage people in some group activities, for example with indoor skittles and chair exercises but not everyone wanted to participate and their choice was respected. We asked staff if people had enough to stimulate them and prevent social isolation. One staff member told us, "We try to arrange different things but they [people living at the home] do not always want to take part."

We asked staff how people's cultural and spiritual needs were being met. One staff member told us, "We have people living here from different ethnic and cultural backgrounds and we make sure we meet their cultural needs through many different ways. For example, we provide different meal options for people like Halal if they want to. We also make sure people's religious needs are met. We have a person from the local church who comes in every week and they will pray with people."

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in June 2016, we found the provider was in breach of Regulation 20A, with a failure to display their rating. It is a legal requirement that the overall rating from our last inspection is displayed within the home. At this inspection, the provider was meeting the requirements of this regulation. However, we had found at this inspection the systems in place to monitor the quality of the service, required some improvement.

People we spoke with said they were asked to provide feedback about the quality of the service. We saw this was in the form of resident meetings and feedback questionnaires. We saw there had been some resident meetings but they had not been regularly held. We discussed the reasons why with the registered manager who explained that meetings were disrupted by one person and the remaining people did not wish to attend, so feedback was sought when people met with staff on a one to one basis, to talk about their support needs. We did see from the feedback questionnaires that some people had expressed some dis-satisfaction about the service and although the registered manager gave their assurances the issues had been dealt with, we could not see any analysis of the issues to help identify trends to learn from and develop the service. The registered manager said they would, in future, ensure this was completed.

The provider's processes to monitor Deprivation of Liberty Safeguards required improvement because they had not identified when two applications had expired. It was acknowledged new applications were submitted to the supervisory body before we left the home. Staff told us they had received training on DoLS, however, the provider's own processes had not identified that some staff members understanding of this subject was poor and required some improvement.

It is a legal requirement that organisations registered with the Care Quality Commission (CQC) notify us about certain events. We had been notified about significant events by the provider. It is also a legal requirement for a registered manager to be in place. At the time of this inspection visit, there was a registered manager in place therefore, the conditions of registration were met.

People we spoke with were generally complimentary about the quality of the service although some people had raised concerns with us about the attitude of some of the staff. We found the atmosphere of the home to be calm and relaxed. Everyone knew who the registered manager and provider was and told us that they could speak with them whenever they wished and that they were visible around the home. One person told us, "I know who the manager is and I would talk to them if I needed to." Comments made by staff included, "The management are approachable and we work well as a team." "This job can be challenging you get good days and bad days but we have confidence in the management and all work together." "It's very good here, we have a good manager."

The provider had a whistle-blowing policy that provided the contact details for the relevant external organisations for example, CQC. Staff told us they were aware of the provider's policy and would have no concerns about raising issues with the provider, manager and deputy manager and if it became necessary, external agencies. Whistle-blowing is the term used when someone who works in or for an organisation

raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice. We also found the provider had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.