

Mrs Delores Matadeen

Mrs Delores Matadeen - Lansdowne Road

Inspection report

75-77 Lansdowne Road
Handsworth
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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 16 June 2016 and was unannounced. At the last inspection on 31 July 2015, the service was found to be requiring improvement. This included protecting the rights of people who were not free to leave the home. Also the provider had not met their legal requirements and notified us about events that they were required to by law. At this inspection we found there had been some improvements made.

Lansdowne Road is registered to provide accommodation and support for a maximum of 14 adults with mental health needs. There were 12 people living at the home on the day of our visit.

There was a registered manager in post at the time of our inspection. 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.

It is a legal requirement for a service that has received a rating of its performance by the Care Quality Commission (CQC) to display a sign or a poster with the most recent assessment of their overall performance. This must be displayed in a prominent position so it can be easily seen at the provider's location. Although the results of the most recent performance rating could be accessed through external websites, there was no sign or poster displayed at the home. You can see what action we told the provider to take at the end of this report.

People who lived at the home felt secure and safe in the knowledge that staff was available to support them, when they needed to be supported. The provider had systems in place to keep people safe that protected them from the risk of harm and ensured people received their medicines as prescribed.

There was sufficient numbers of staff to meet people's identified needs. The provider ensured staff were effectively recruited and they received the necessary training to meet the support needs of people.

People were involved in decisions about their care and support. The provider had followed the correct procedures when determining if any person was being deprived of their liberty.

People received meals that met their dietary and nutritional requirements. People accessed health and social care professionals with regular appointments when needed. Staff knew when people had appointments or meetings and supported people to attend these where appropriate.

People knew the staff that supported them and staff knew people well and was aware of each person's individual care needs. Staff maintained people's dignity when supporting them with personal care.

People's relationships with their family and friends were encouraged and had been supported by the

provider.

People's health care and support needs were assessed and reviewed. People were encouraged to participate in activities and interests if they wished. People knew how to complain and felt their concerns would be addressed by the provider. There were processes in place for recording and managing complaints. There had been no complaints about the service since the last inspection and people felt staff would support them to raise concerns if and when required.

The provider had established management systems in place to assess and monitor the quality of the service.

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 protected from the risk of harm and abuse because the provider had effective safeguarding systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed.

People were supported by adequate numbers of staff so that their needs would be met.

People received their prescribed medicines as required.

Is the service effective?

Good ●

The service was effective

People were supported by staff that were experienced and suitably trained.

Staff encouraged people to consider healthy eating alternatives.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted.

People were supported to meet their healthcare needs and had access to health and social care professionals.

Is the service caring?

Good ●

The service was caring

Peoples' independency was promoted by staff.

Peoples' privacy and dignity was maintained.

Staff knew people well and understood their individual care and support needs.

Is the service responsive?

Good ●

The service was responsive

People's support needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were supported to take part in group or individual hobbies and activities if they wished.

The provider ensured feedback was sought through meetings and satisfaction surveys.

Is the service well-led?

The service was not always well-led

The provider had failed to display their most recent performance ratings, which is a legal requirement and had not returned the Provider Information Return when requested to do so.

The provider had quality assurance processes in place to monitor the service to ensure people received a quality service.

People told us they were happy with the quality of the service they received.

People said the staff and management team was approachable and responsive to their requests.

Requires Improvement 

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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 inspection took place on 16 June 2016 and was conducted by one inspector.

When planning our inspection, we looked at the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also asked the provider to complete a Provider Information Return (PIR). This was not returned to us within the timescale requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted local authorities who purchased the support on behalf of people to ask them for information about the service.

During our inspection, we spoke with three people who lived at the home, four relatives, two professionals, one volunteer, four staff and the registered manager. Because there were some people who were unable to tell us about their experiences of care, we spent time observing interactions between staff and the people that lived at the home. 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.

At the time of our inspection, the registered manager and the provider were unavailable. During the inspection, we received support from a member of the senior care team. We did speak briefly with the registered manager and the provider so they were aware we were at Lansdowne Road.

We looked at records in relation to three people's care and medication records to see how their care and

treatment was planned and delivered. We were sent, post inspection, six staff supervision records, a list of training staff had completed and one recruitment record. This was to check staff was recruited safely, trained and supported to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to check people received a good quality service.

Is the service safe?

Our findings

All the people we spoke with living at the home told us they felt secure and safe and they would not hesitate in speaking with their key worker if they felt upset or threatened in any way. One person said, "I am safe here." Another person told us, "Staff keep me safe, they come out with me when I ask them to." A key worker is a member of staff that works with and in agreement with the person and acts on behalf of the person they support. The key worker has a responsibility to ensure that the person they support has as much control as possible over aspects of their life. Relatives and a health care professional told us they felt people were supported and it was a safe environment for people to live in. A relative said, "I think [person's name] is kept safe." We saw that people were relaxed around the staff which demonstrated to us, that people did not feel unsettled with the staff at the home.

Staff we spoke with told us they had received safeguarding training. They were clear about their responsibilities for reducing the risk of abuse and told us about the different types of abuse. They explained what signs they would look for, that would indicate a person was at risk of abuse. A staff member told us, "You can tell if something is wrong by people's body language, their demeanour or if they were just not themselves, if I suspected anything I would go straight to the manager or the owner." Another staff member said, "We do check for bruising when helping people with their personal care and if there was any unexplained marks or bruising, I would bring it to the attention of the senior." The provider's safeguarding procedures provided staff with guidance on their role to ensure people were protected from the risk of abuse. The provider kept people safe and reduced the risk of harm because there were appropriate systems and processes in place for recording and reporting safeguarding concerns.

People we spoke with told us they were involved when their support plans and risk assessments were reviewed with their key worker. We saw from records that a review took place every month and people confirmed they also had regular discussions with staff. One person said, "Staff ask me, but I'm happy to let them do what is needed." Another person explained how they knew their eating pattern could put them at risk. However, the person also explained how staff supported them, they told us, "Staff do encourage me to eat properly but sometimes I don't do it." Staff were able to explain to us what risks had been identified in relation to the people they supported. We saw that people had risk assessments completed to ensure the provider continued to meet people's individual needs. We saw from people's care plans, they were also regularly reviewed and identified risks were managed appropriately. For example, one person had found it more difficult to stand unaided. We saw the person was assisted, by two staff, with a support aid to stand. This was completed safely and using the correct lifting techniques that ensured there was no risk of injury to the person.

Staff told us that safety checks of the premises and equipment had been completed and we saw from records they were up to date. Staff was able to tell us what they would do and how they would maintain people's safety in the event of an emergency, for example, a fire. Staff knew what action to take because procedures had been put in place by the provider, which safeguarded people in the event of an emergency.

People and relatives we spoke with told us there was sufficient numbers of staff on duty to support people.

One person said, "There is enough staff." Another person told us, "I think there's plenty of staff." Staff we spoke with said staffing numbers was sufficient to meet people's needs. One staff member told us "There are enough staff working here, no problems." Staff continued to tell us that they would provide cover for each other's shifts, in the event of planned and unplanned absences, so people had continuity of support. We saw there was sufficient staff on duty to assist people with their support needs being met in a timely manner throughout the day.

The provider had a recruitment process in place to ensure suitable staff was recruited. Staff spoken with explained they were interviewed and their two references and police checks had been completed before they started to work for the provider. We checked the recruitment records of one staff and found the necessary pre-employment and security checks had been completed. The checks can help employers to make recruitment decisions and reduce the risk of employing unsuitable staff.

Not everyone living at the home had mental capacity to make decisions about their medicine. We saw that decisions to give people medicine disguised in their food had been in accordance with the Mental Capacity Act 2005 and involved healthcare professionals. People we spoke with told us they had no concerns about their medicines and confirmed they received their medicines as prescribed by the doctor. One person told us, "If I am in pain, I ask the staff and they give me my tablets."

There were people who required medicine 'as and when', we saw there procedures in place to ensure this was recorded when administered. All medicines received into the home were safely stored, administered and disposed of when no longer in use. We looked at two Medication Administration Records (MAR) and saw that these had been recorded accurately and medicine counted balanced with stock remaining. We found the provider's processes for managing people's medicines ensured staff administered medicines in a safe way.

Is the service effective?

Our findings

At our last inspection Lansdowne Road had been found requiring improvement in protecting the legal rights of people who were unable to leave the home and required supervision for their own safety. At this inspection, we saw there had been an improvement.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Not all the people living in the home had the ability to make decisions about their care and support needs. We saw staff offer people choices, gained consent and encouraged people to make decisions about their support. Where people did not want to participate, the staff respected their decision. One person told us, "Staff do ask me if it is ok to help me."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our last inspection the provider had not submitted any applications for people who required constant supervision and were unable to leave the home in order to keep them safe. 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 were being met. We saw there had been some improvement with two applications made to the Supervisory Body. However, there remained a number of people living at Lansdowne Road who were not free to leave and required constant supervision to maintain their safety. We discussed this with the provider; they explained they had followed the advice given by the Supervisory Body. Following our inspection, the provider submitted evidence to support applications for the remaining people living at the home, whose liberties had been restricted, had been completed and submitted to the Supervisory Body; therefore the provider was working within the requirements of the law.

Everyone we spoke with told us they thought staff were skilled, knowledgeable and felt the staff was adequately trained to support people. One person said, "Staff are excellent, really good." Another person told us, "They (staff) do what is needed." A healthcare professional explained how well they thought staff communicated with people. Discussions we had with the staff demonstrated to us, they had a good understanding of people's needs. We saw that there was a number of staff who had worked at the home for a number of years. This sustained consistent and stable relationships between people and their key worker.

Staff we spoke with told us they had received regular supervision and were satisfied with the training offered by the provider. One staff member said, "I find the supervision useful." Staff explained what training they had completed. A staff member said, "It's good training, I've completed manual handling, safeguarding and was observed by (staff name) for my medicine training." Another staff member told us, "The training is not too bad, but I would like more." We saw the provider recorded the training completed by staff and identified

when refresher training was required.

People we spoke with told us they enjoyed their meals and that staff would prepare food for them. One person told us, "There is always plenty of food, they (staff) are always offering me food." Another person said, "I'm not sure what's for dinner today but I'll wait and see. If I don't want it, they will give me something else." A staff member told us, "We do plan our menus with the residents and try to encourage people to eat healthy foods but that's not always easy." We saw people were offered choices about what they wanted to eat and meals met people's dietary, nutritional and cultural requirements. Some people helped themselves to hot drinks and meals were presented in an appetising way; we saw that people enjoyed their choice of meals.

One person was at risk of choking, we saw staff supported the person to eat but also encouraged the person to eat independently. A staff member told us, "[Person's name] has some difficulty with swallowing so it is important a staff member sits by them just in case they choke." Where appropriate, we saw people had been supported by dietitians and Speech and Language Therapists (SALT). A SALT is a healthcare professional that provides support and care for people who have difficulties with communication, or with eating, drinking and swallowing.

People we spoke with told us they received the care and support they needed from staff and confirmed they saw health and social care professionals when required. One person told us, "I see the doctor if I'm unwell." Another person said, "My social worker visits me." We saw healthcare professionals came to visit people to administer prescribed medicine. Care plans showed people were seen and assessed regularly by health and social care professionals which helped to maintain their health and wellbeing.

Is the service caring?

Our findings

People we spoke with told us staff members would speak to them respectfully. One person told us, "All the staff working here are lovely, really caring and very supportive." Another person said, "I can't tell you enough how good the staff are here, they're brilliant." A healthcare professional told us they found the staff to be 'very caring'. We saw that staff was helpful and treated people with respect and dignity.

Lansdowne Road had people from different ethnic backgrounds living at the home and the provider took into account the diversity of people when providing support. For example, one person received additional support from an interpreter. A staff member told us, "[Person's name] can tell us in their own way what they want on a day to day basis but when it comes to decisions about their health, we get an interpreter involved." The provider also had arrangements in place for a volunteer to visit the home on a weekly basis to pray and sing. We saw people who wanted to participate did and those that preferred not to had their choices respected by staff. The provider also ensured food to meet peoples' preferred cultural beliefs was provided and we saw people were dressed in their own individual styles of clothing that reflected their age, gender and culture.

People we spoke with told us they were involved in discussing with staff how they wanted their care and supported to be given. One person said, "Staff ask me all the time." A relative told us, "[Person's name] isn't very vocal but he does have a way to let staff know what he wants. They (staff) are very good, they let me know what's happening." We found staff had a good understanding of people's individual needs. A staff member told us, "I talk to people about what's going on and explain what's happening, this helps them to make a decision." Another staff member said, "[Person's name] has their own way of communicating, they will take me into the kitchen and point to what they would like." We saw from the care plans that the care and support planning process was centred on the person.

The provider ensured people who required additional, independent support received assistance from an advocate. The person we spoke with explained how the advocate had helped them. An advocate is independent of the service. They support a person to have their voice heard on issues that are important to them. They defend and safeguard the person's rights and ensure the person has their views and wishes genuinely considered when decisions are being made about their lives.

People we spoke with told us the staff respected their privacy and maintained their dignity when supporting them. We saw one person's clothing was unzipped. We informed a staff member who responded immediately to ensure the person's dignity was maintained. Staff were able to provide us with examples of how they protected people's dignity when supporting them. For example making sure doors, windows and privacy screens were closed. People, if they wished, had keys to their rooms which they could lock. One person said, "I do have a key to my room, but I don't lock it." A healthcare professional explained when they were visiting 'due to the design of the building'; they found the only place they could find privacy to conduct their visit, was in the person's bedroom.

People were supported to be as independent as much as possible. One person told us, "I do some of my

own washing." People were encouraged to be involved in shopping and completing household tasks. For example, we saw two people laying and clearing the dining tables before and after meals. We saw one person was very independent and left and returned to the home when they wanted to. Staff explained how some people helped clean their rooms and maintain the cleanliness of the home. A staff member told us, "It's important not to take people's independence away and encourage and support them to do as much as they can for themselves." People we spoke with told us they chose when they got up and went to bed. One person explained how they liked to be up 'very' early in the morning and staff would provide them with a cup of tea.

Is the service responsive?

Our findings

Not all the people living in the home were able to make decisions about their care and support needs. We saw staff explaining how they were going to support a person before they did it. For example, encouraging one person to stand and walk, with support, into the dining area. Staff offered people choices and encouraged them to choose what it was that they wanted to do. People we spoke with told us they were involved in making decisions about their support needs. A health care professional explained they were confident that any advice they gave to staff was put into practice. People told us they were happy with how their support needs were being met and staff responded to people that required support in a timely way.

People we spoke with told us staff would speak with them on a regular basis about their care and support needs. Two of the people we spoke with explained they were happy with the support they received and were contented for staff to 'do what they need to'. Staff were able to tell us about people's individual support needs. We saw staff offered people different options to promote choice. Each person had a named key worker that provided consistency and people were comfortable with the staff supporting them. For example, one person returned from a visit and was visibly upset. The staff member responded quickly to the person providing them with reassurance in a calm way. The person responded to the staff and started to relax and engage with staff in a friendly manner. Care plans showed people's preferences and individual support needs had been identified and we found the care plans had been regularly reviewed.

For the duration of our visit most people were sat in the lounge watching the television or relaxing in their rooms. One person explained how they did not 'really like going out'. A healthcare professional told us they 'felt' there could be more done for people to engage them in 'meaningful activities'. However, people we spoke with told us they were happy with the home and were 'not interested' in pursuing outside hobbies or interests. Another person said they enjoyed going to the park for walk and that staff would take them when they wanted to go. The person continued to tell us, "I have everything I need here."

Everyone we spoke with told us they were able to contact friends and family if and when they wished. One person told us, "I get to see my relatives every week." Another person said, "My sister comes to see me." We saw that some people preferred to relax in their rooms and others were supported by staff to go out for a walk or shopping.

People we spoke with told us they knew how and who to complain to if they had any concerns. One person told us, "If I was unhappy or I was worried I'd tell them [staff]." Another person said, "I have no complaints." Staff explained how they would deal with complaints and confirmed they would follow the complaints process and were confident the registered manager and provider would resolve them quickly. We saw the provider had a complaints recording system in place to investigate complaints. However, because there had been no complaints since the last inspection, we were unable to review the system's effectiveness in checking how the provider would identify any trends and improve the service.

Is the service well-led?

Our findings

During our last inspection, the service was found to be requiring improvement about when to inform the Care Quality Commission (CQC) about notifiable accidents/incidents and events they were required to by law. At this inspection we found the provider had submitted notifications that related to significant events, incidents and accidents; therefore the provider had met their legal requirements and notified us about events that they were required to by law.

It is a legal requirement for a service that has been awarded a CQC rating (outstanding, good, requires improvement or inadequate) to ensure it is displayed at the home where the service is being delivered. If we assess that a service's rating is not displayed this could lead to enforcement action such as a fixed penalty notice. We found that during our inspection there was no sign or poster displayed. We asked the registered manager why there was no ratings sign or poster displayed at the premises. They explained they were not aware this was a legal requirement and they had not been given a copy of their ratings by the provider. The registered manager apologised for the oversight and told us this would be rectified and the ratings would be displayed in the home as soon as they returned from annual leave. This was a breach of Regulation 20A Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that although there was no ratings poster on display at the home, the results of the most recent performance rating could be accessed through external websites for example NHS Choices.

Prior the inspection the provider had been requested to submit their Provider Information Return (PIR). This information tells us what the service does well and what improvements had been planned for the future. Due to annual leave, an extension was granted however, the provider had not returned this information within the given timeframe.

There was a registered manager in place at Lansdowne Road that offered guidance and support to staff. The management structure within the home was clear and staff told us the management team were approachable. Staff confirmed they were aware of the provider's whistle blowing policy and told us if they had concerns regarding the service, they would speak with a member of the management team. One staff member said, "If the manager didn't take what I had seen seriously I'd go to the owner then I'd call CQC or social services." 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.

People we spoke with told us they were happy at the home. One person told us, "I like it here." Another person told us, "I can speak to anyone when I need to." A staff member said, "I look forward to coming to work" another staff member said, "I really enjoy working here, I love the people." Staff told us that the registered manager and provider encouraged people and staff to come and speak with them at any time and that there was an 'open door' policy. Staff told us they had regular supervision and staff meetings. One staff member told us, "We have our supervision about every six weeks or so and monthly team meetings." Another staff member said, "We have monthly staff meetings." We saw from records that staff meetings and

supervisions were regularly held. We found that people knew who the registered manager was and they also spoke highly of the provider. A healthcare professional explained how 'warm and welcoming' they had found the provider.

We were told by staff the provider sought feedback from people living at the home. There was a mixed response from people we spoke with as some could not recall any group meetings to discuss the running of the home. However, we saw that a limited number of 'resident meetings' had taken place. A staff member explained they did not hold regular 'resident meetings' because people were asked on a frequent basis if they were happy. The staff member continued to tell us, because Lansdowne Road had an 'open door' policy, people had the opportunity to 'feedback' when they wanted to. A relative told us, "I don't recall completing a feedback survey but I do speak with staff and they do keep me informed of what is happening with [person's name]." We saw from care plans that discussions did take place between people and their keyworker, where information was recorded, reviewed and updated regularly.

The senior care staff member told us quality assurance audits were completed but they could not access them because they were located at the provider's main office and not on site at Lansdowne Road. Following our inspection visit, the provider sent this information to us. We saw that audits were carried out and where issues were identified, actions were put into place to address them and reduce the risk of reoccurrence. We saw medication audits were regularly completed and care plans monitored monthly. We found information was collated from feedback surveys from people living at the home, their relatives and healthcare professionals. We saw where issues had been identified; the provider had taken action to resolve them quickly and effectively.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>There must be displayed at each premises from which the service provider provides regulated activities at least one sign showing the most recent rating by the Commission that relates to the service provider's performance at those premises. Regulation 20A(3)</p>