Care Quality Commission

Mrs Delores Matadeen

Lansdowne Road

Inspection report

75-77 Lansdowne Road
Handsworth
Birmingham
B21 9AU
Tel: 0121 554 2738

Date of inspection visit: 31 July 2015
Date of publication: 02/10/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 31 July 2015 and was unannounced. At the last inspection on 18 July 2013, we found the provider was meeting the requirements of the regulations we inspected.

Lansdowne Road is registered to provide residential accommodation and support for up to 14 adults with mental ill-health needs. At the time of our inspection visit, 12 people were living there.

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.

People that lived at the home felt safe in the knowledge that staff were available to support them. People received their medication as prescribed and staff knew how to reduce the risk of harm to people, from abuse and unsafe practices. The risk of harm to people had been assessed and managed appropriately.

Summary of findings

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

The provider took the appropriate action to protect people's rights and staff were aware of how to protect the rights of people. However, there was some misinterpretation by the provider and registered manager of the principles for depriving people of their liberty, where it was appropriate.

People's health and support needs were met. People were able to choose what they ate and drank and supported to access health care professionals to ensure their health care needs were met. Staff were caring and treated people with respect and dignity.

People were supported to participate in social and leisure activities. People received appropriate care and support that was individual to their needs. There was a complaints process and people and relatives felt confident their concerns or complaints would be listened to and matters addressed quickly.

The provider had systems in place to monitor and improve the quality of the care and support people received to ensure it was to a good standard. Although these were not always effective in ensuring the home was consistently well led and some improvements were needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

People told us they felt the service was safe.

There were sufficient numbers of staff that provided care and support to people.

People received their prescribed medicines safely.

Good

Is the service effective?
The service was not always effective

People received care and support from staff that were trained to support them.

Peoples' rights were not always protected because the registered manager was

People were supported to have a varied diet and their cultural and health care needs were met where required.

Requires improvement

Is the service caring?
The service was caring

People told us the staff were caring and kind.

People's privacy, dignity and independence were promoted by staff.

Staff were respectful of people's choices.

Good

Is the service responsive?
The service was responsive

People's support plans were regularly reviewed to meet their changing needs.

People knew how to raise any concerns about their support and felt they would be listened to.

People were supported to take part in group or individual activities.

Good

Is the service well-led?
The service was not always well led

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

People, relatives, health and social care professionals and staff told us the registered manager was accessible and approachable.

There were processes in place to monitor the care and support of the service delivered to people. However, actions were not always taken to make the improvement needed.

Requires improvement

Summary of findings

Processes were not followed with regard to notifying the Care Quality Commission of certain events as required.	

Lansdowne Road

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 31 July 2015 and was carried out by one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about accidents, incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities who purchased the care on behalf of people to ask them for information about the service and reviewed information that they had sent us.

During our inspection, we spoke with five people who lived at the home, four staff, two relatives, one health care professional and the registered manager.

We looked at records in relation to four people's care and three people's medication administration records to see how their care and treatment was planned and delivered. We also looked at records relating to the management of the service. This included safeguarding records, maintenance records, staff training and recruitment records and a selection of the service's policies and procedures to ensure people received a quality service.

Good

Is the service safe?

Our findings

People living at the home told us they felt safe and they would not hesitate in speaking with their key worker, if they felt threatened in any way. A key worker is a member of staff, specifically assigned to work with an individual, to provide one to one support for that person. One person said, "The staff are really helpful, I feel very safe and happy here." Another person told us, "I'm happy here the staff come out with me when I need them to, it helps to keep me safe." People, relatives and a health care professional told us they felt people were supported and it was a safe environment for them to live in. A relative said, "The home keeps [person's name] safe". We saw that there were positive interactions between people and staff, which demonstrated to us that people felt relaxed with the staff at the home.

Staff told us they had received safeguarding training. When we asked staff how they would safeguard people, they were clear about their responsibilities for reducing the risk of abuse and told us about the different types of abuse. All staff explained what signs they would look for, that would indicate a person was at risk of abuse. For example, staff said they would look for signs of bruising, neglect or a change in a person's behaviours which could indicate they were being mistreated. A staff member told us, "I've never seen any poor practice but if I did I would tell the manager and Care Quality Commission (CQC) if nothing was done about it." The provider's safeguarding procedures provided staff with guidance on their role to ensure people were protected. We saw from training records staff had received up to date safeguarding training. The provider reduced the risk of harm to people because there were appropriate systems and processes in place for recording and reporting safeguarding concerns.

Risks associated with the care and support needed by people had been identified and plans put in place to manage them. We saw people had been involved in deciding how their risk was managed. For example, one person explained how they did not always eat sufficiently and knew how this was detrimental to their health. The person worked with staff who supported them to eat more regularly. The person expressed to us how proud they were for the improvements achieved with their eating. One staff member told us, "We help review assessments every month and this helps to identify when peoples' support needs change in any way." We saw from people's care plans they were reviewed and identified risks were managed appropriately. For example, a detailed and regular check of one person's blood sugar level clearly identified any health risk to the person. This quickly alerted the staff to contact the health care professional for support in the event of the person's blood sugars dropping to a low or rising to a high level. We saw the risk assessment reflected what actions to take in the event of the person's blood sugar level being too low or too high. The district nurse confirmed to us staff would always contact them to discuss any concerns about the person and they were satisfied with the way staff recorded the information.

Staff told us that safety checks of the premises and equipment had been completed and we saw records were up to date. We asked staff to explain to us what action they would take to keep people safe. They were able to tell us what they would do and how they would maintain people's safety, in the event of fire and medical emergencies. 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, relatives and staff told us they felt there was enough staff on duty to support people. One person said, "I think there is enough staff, there always seems to be somebody around." A relative told us, "When I have come to visit, I've not noticed a lack of staff." Another relative said, "There does seem to be enough staff working here." Staff told us that they would cover shifts for each other in the event of sickness or annual leave so people had continuity of support. We saw there was sufficient staff on duty to assist people with their support needs throughout the day.

Staff had been appropriately recruited with the right skills and knowledge to support people. One person told us, "The staff are very good, they know what I want." Another person said, "The staff are ok, they look after me, I've no complaints." A relative told us, "[Person's name] can become upset and the staff know exactly what to do to help calm them down." Staff told us they had completed the appropriate pre-employment checks before starting to work unsupervised at the home. We saw from three staff files the Disclosure and Barring Service (DBS) security checks had been reviewed and completed. The DBS check can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

Good

Is the service safe?

People told us they received their prescribed medicine when they needed it and there had been no problems. There were people who required medicines 'as and when required' (PRN), we saw there were PRN procedures in place to support staff, when to give medicine to people and make sure this was recorded correctly. All medicines received into the home were safely stored, administered, recorded and disposed of when no longer in use. We looked at three Medication Administration Records (MAR) charts and saw that these had been completed accurately. A brief audit of medicine confirmed the quantities balanced. We found the provider's processes for managing people's medicines ensured staff administered medicines in a safe way.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to consent or refuse care. Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for permission to deprive someone of their liberty in order to keep them safe. We saw that some people that lived at the home lacked the mental capacity to make informed decisions about their care and support. The registered manager had completed mental capacity assessments and undertaken best interest meetings. However, we saw that no DoL applications had been submitted to the local authority for some people that were not free to leave and subjected to supervision and control in order to protect them. The registered manager explained to us their reasoning why applications had not been sent and confirmed they were not aware of the Judgement of the Supreme Court made in March 2014. The judgment was significant because it determined whether arrangements put in place for the care and/or treatment of a person, who lacked mental capacity to consent to those arrangements, could amount to a deprivation of that person's liberty. The registered manager should have been aware of the judgement and the impact it could have on the people using the service. However, immediately following our visit, the provider discussed the issue with the supervisory body and following their guidance, the provider submitted DoL applications for some people.

We saw that staff gave people choices and gained consent from people before supporting them. One person told us, "I let the staff know how I like things done, they always check first." Staff told us that they always sought people's agreement before offering support. We saw that one person used non-verbal communication such as sounds, gestures and body language. Staff understood what the person was communicating to them and acted in accordance with the person's wishes. Staff demonstrated an understanding of the principles of the MCA and a basic understanding of DoLS.

People, relatives and a health care professional were complimentary about the staff. We were told they thought staff knew them well and were knowledgeable and trained to support people. One person said, "Staff are good, really nice." A relative told us, "I think the staff have the skills they are all very nice." A health care professional told us they felt staff were experienced and had the skills and training to support people. Discussions we had with the staff demonstrated to us, they had a good understanding of people's needs. A staff member told us, "I love it here and I love the people." We saw 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 staff.

Staff told us they had receiving training, supervision and appraisals to support them to do their job. A staff member said "I found the induction training really helpful, I felt prepared to do the job." Another staff member said "I do have supervision but if I have done anything wrong, the manager points it out there and then, they don't wait until the next supervision and that's good, it helps me learn." We saw staff received, on average, bi-monthly supervision and their training requirements for the year were planned and tracked.

People told us they were able to choose what they wanted to eat and drink. One person said, "Since I've been here I eat properly now." Another person told us, "The food is alright, we do get a choice." A staff member said, "We encourage people to eat a more healthy diet but it's not always easy, it is their choice." Staff knew how to identify people at risk, for example, their specific dietary requirements. One staff member said, "People have different likes and dislikes and some require support." We saw that lunch was freshly prepared and presented to people in an appetising way and some people helped themselves to hot drinks. We saw people's care plans had identified their specific dietary and cultural requirements which had been reflected in the menu choice. Staff ensured that people were supported to eat their meals in a way that was suited to their needs. For example, staff provided one to one assistance for people who required support who were assessed as needing it. We saw that snacks and drinks were made available to people throughout the day.

Staff told us they knew how to support people with maintaining a healthy diet. We saw people's diet, weight and fluids were monitored and, where appropriate, they were being effectively supported with additional involvement from the Speech and Language Therapist (SALT) and dietician, to maintain a healthy diet.

People told us they were happy with the care and support they received from staff. One person told us, "I see the doctor when I need to." Relatives told us they felt their

Requires improvement

Is the service effective?

family members health needs were met by the provider. They told us they had been involved in discussions with staff to talk about the person's support. One relative said, "I talk regularly about [person's name] with staff." A staff member told us, "We try to explain what's happening to people and because we have supported them for a long time, we know their likes and dislikes." Relatives and staff confirmed that people were regularly visited by other health care professionals. We saw that care records were in place to support staff by providing them with guidance on what action they would need to take, in order to meet people's individual care needs. We could see there was involvement from other health care professionals, which supported people to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

People told us that the staff were helpful and respectful. One person said, "The staff are helpful and listen to you." Another person said, "I am very happy here, the staff are good to me." A relative told us, "I am very happy with the care and support [person's name] get." Staff were able to tell us about people's individual support needs, their likes and dislikes. This contributed to the staff being able to care for people in a way that was individual to them. A staff member told us, "We all work to support people in a way that is suitable for them."

People told us staff would talk to them about their care and support needs. One person said, "The staff always ask me what I want before doing anything." A health care professional told us when they were assessing people's care and support needs; they found the staff were knowledgeable about people's preferences and medical history. We saw from the care plans that the care and support planning process was centred on the person, taking into account the person's views and their preferences. A relative told us, "The staff do listen if you tell them something."

There was a calm atmosphere in the home. Staff spoke to people in a sensitive, respectful and caring manner. We saw how comfortable people were in the presence of staff and that people were relaxed when staff were supporting them. For example, one person was being transferred from their wheelchair to a lounge chair. The staff maintained the person's dignity, remained attentive and continually assured the person throughout the transfer. They explained what they were doing and reassured the person it would be 'over soon'. We could see from the person's demeanour, they were calm throughout the transfer.

People said the staff prepared and made their meals and sometimes they could assist if they wanted to. We saw two people make themselves hot drinks and two more people help staff with small domestic tasks, for example, cleaning the table after lunch. This assisted people to maintain a level of independence whilst living within the home.

We saw staff had a good understanding of people's needs and showed empathy towards people. Some people chose to remain in their rooms and staff respected their decisions. One person said "The staff are very polite." We saw that staff called people by their preferred names and listened to what people had to say about matters that were important to them. People were well presented in individual styles that reflected their age, cultural beliefs and gender. Attention had been paid to people's appearances so that their wellbeing and independence was promoted. For example, some ladies had chosen to have their nails painted and wore their individual jewellery. We saw relationships between staff and people were good and people felt they could go to staff and ask for help when needed.

People told us they were treated with respect and dignity. One person said, "The staff do treat me with respect." A relative told us, "Staff do everything they can to protect [person's name's] dignity." Staff told us how they promoted privacy and dignity in everyday practice. For example, one staff member told us, "Ask people if they would like to do something for themselves, it is easy to let us do it for them, but when you know they can do something from themselves, you should encourage that." We saw that people were treated with respect and dignity and that staff spoke with people in a gentle manner.

Relatives told us that there were no visiting restrictions. A relative told us, "I tend to visit at the same time, but it's not a problem if I change the day." Another relative told us, "I try to come most weeks, the staff are very friendly." This ensured that the provider supported people to maintain family and friend relationships that were important to them.

Good

Is the service responsive?

Our findings

We saw that most of the people living in the home were able to make decisions about their support. People told us they were happy how their support needs were being met. One person said, “The staff are ok, I can’t complain.” People told us they talked about their care and support with their key workers. A health care professional told us that any advice or guidance given to staff, they were happy to put into practice. We saw that staff responded to people that required support in a timely way when call alarms were activated. Although the relatives we spoke to confirmed to us they regularly talked with staff, they could not recall if they had participated in care and support assessment reviews. One relative said, “I don’t think I’ve been asked but I speak with staff all the time and if I had any concerns about [person’s name] care, I’d tell them and they would deal with it.” Relatives told us communication was good and they were kept informed of any changes in their relative’s needs.

One person told us about the support they had received from staff to improve their health, “I’ve started to eat fruit and vegetables which I wouldn’t before.” We saw staff involved the person in any decisions and because each person had a named key worker, this provided consistency and reassurance because some people did not respond very well to changes. We saw people were comfortable with the staff. Care plans showed people’s preferences and interests had been identified and were regularly reviewed.

We could see people were engaged in different interests throughout the day. One person went out with their key worker for a short walk. Three people chose to remain in their rooms. One person told us, “I don’t like going out, I prefer to stop here but I will go down to the shop for a paper.” Another person told us, “We had a day trip, can’t remember when but I prefer to stay in, I’m not bothered about going out.” There was a regular social pastime that took place every Monday that most people participated in. One relative told us “We come to visit [person’s name] every week and try to encourage them to go out but they prefer to stay in their room, that’s what they want to do.” Staff told us they tried to encourage people to go out to different places and experience different things. One staff member said, “[Person’s name] doesn’t like going out but I do manage to persuade them sometimes.”

People and relatives told us they had no complaints but if they did, they knew how and who to complain to with any concerns. One person told us, “I’d tell the staff.” Another person said, “I would go to any of the staff.” Staff explained how they would handle complaints and that they were confident the registered manager would resolve them quickly. We saw there was a system in place to record and investigate complaints. The process showed there had been investigations and what action to be taken to prevent a re-occurrence.

Requires improvement

Is the service well-led?

Our findings

Although there was a registered manager in post, we found that they had not notified us about events that had occurred that they were required to do so by law. Accidents and incidents were logged so that learning could take place from them and we saw that there had been two incidents where the Care Quality Commission (CQC) should have been informed. The registered manager explained to us what action they had taken in relation to the incidents. For example, discussions and best interest meetings had taken place with the people, the local authority, family members and other health and social care professionals. The registered manager explained why they had not notified us. They had not adhered to the provider's own policies and procedures in relation to safeguarding and had investigated the incidents as complaints. Therefore, the provider had not met their legal requirements and notified us about events that they were required to by law. Although CQC had not received notifications, we saw that appropriate action had been taken and contact made with other agencies to protect and prevent harm to people who used the service.

The provider had quality assurance processes in place to monitor and assess the quality of the care of the service provided in the home. We saw that some actions identified through those processes had been addressed by the registered manager. However, we found that these were not always followed effectively, for example, safeguarding incidents had been investigated as complaints.

People, relatives and a health care professional were complimentary about the way the home was managed and the quality of the service. One person told us, "I get on with all the staff," another person told us, "The manager is very nice." A relative said, "Everyone seems to know what they should be doing, when I've had to speak with the manager they have always been very nice." Staff told us they felt valued and a majority of them had worked for the provider for a number of years. A staff member said, "I really like it here, it's like a family." Another staff member said, "The manager is fine, very friendly." We saw that staff would speak to the registered manager for direction and guidance. A health care professional told us they would be prepared to recommend the home to others.

People and relatives told us if they needed to discuss anything with the registered manager, they would not hesitate to speak with them. There were systems in place to monitor the quality of the service through annual feedback surveys from relatives. One staff member said, "We have team meetings to talk different things like training." We saw from team meeting notes that staff received information relating to the development of the service; but there was little evidence to demonstrate staff or people were involved in improving the service.

There were mixed views from people and relatives when we asked them if the provider sought feedback from them on how well the service was doing. One person told us, "We haven't had any meetings since I've been here but I will talk to the staff if I have a problem." A relative said "I've completed a number of surveys." We were told by the registered manager, meetings for people living at the home used to take place. However, these had significantly reduced because people did not want to attend but if people had anything they wanted to discuss, it was raised with their keyworker. We saw from the care plans that discussions and meetings took place between people and their keyworker where any concerns or worries were documented. We saw that surveys had been completed, with the involvement of people and their relatives and any identified issues had been acted upon.

The management structure was clear within the home and staff knew who to go to with any issues. Staff told us they would have no concerns about whistleblowing and felt confident to approach the registered manager, and if it became necessary, to contact Care Quality Commission (CQC) or the police. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, the local authority and CQC.