Lonsdale Midlands Limited

18 Bushwood Road

Inspection report

18 Bushwood Road
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 17 March 2016. This was an unannounced inspection.

At the time of our last inspection in November 2013, 18 Bushwood Road was found to be meeting all of the essential standards relating to the quality and safety of care.

18 Bushwood Road provides accommodation and personal care for up to six people who require support to live in the community. At the time of our inspection, there were six people living at 18 Bushwood Road.

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.

The service was not always safe because the provider had failed to alert safeguarding concerns to the local authority or to notify CQC as required by law.

The service was not always well led because the provider had not reliably met the requirements of their registration; they had failed to notify the relevant agencies of information that they were lawfully obliged to share.

People had robust risk assessments and management plans in place to promote their safety within the home.

People were supported by enough members of staff to meet their needs.

People received their prescribed medicines as required.

The service was effective because people received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent, where possible, and people's rights were protected because key processes had been followed to ensure people were not unlawfully restricted.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration and they had food they enjoyed.

People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

The service was caring because people were supported by staff that were kind, caring and friendly.

People received the care they wanted based on their personal preferences and dislikes because staff took the time to get to know people.

People were cared for by staff who protected their privacy and dignity.

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives, as far as reasonably possible.

The service was very responsive because people and their relatives felt involved in the planning and review of their care because staff communicated with them in ways they could understand.

People were supported and encouraged to engage in activities that were meaningful to them and to maintain positive relationships with people that were important to them.

People were encouraged to offer feedback on the quality on the service and knew how to complain.

Staff felt supported and appreciated in their work and reported the management team to be approachable.

The management team had 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?

Requires Improvement

The service was not always safe.

People were protected from the risk of abuse and avoidable because staff were aware of the processes they needed to follow; however the provider had failed to alert concerns to the local authority or to notify CQC.

People were supported by enough members of staff to meet their needs.

People received their prescribed medicines as required.

Is the service effective?

Good

The service was effective

People received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent, where possible and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration and they had food they enjoyed.

People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring.

People received the care they wanted based on their personal preferences and dislikes because staff took the time to get to

know people.

People were cared for by staff who protected their privacy and dignity

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible.

Is the service responsive?

Good

The service was responsive.

People and their relatives felt involved in the planning and review of their care because staff communicated with them in ways they could understand.

People were supported and encouraged to engage in activities that were meaningful to them and to maintain positive relationships with people that were important to them.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had not met the requirements of their registration because they had failed to notify the relevant agencies of information that they are lawfully obliged to share.

Staff felt supported and appreciated in their work and reported the management team to be approachable.

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

18 Bushwood 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 17 March 2016. The inspection was conducted by one inspector.

As part of the inspection we looked at the information that we hold about the service prior to visiting the location. This included notifications from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also requested feedback from the local authority with their views about the service provided to people at 18 Bushwood Road.

During our inspection, we spent time with the six people who lived at the home; we spoke with two relatives, an advocate and four members of staff including the registered manager, the deputy manager, and two support workers. Some of the people living at the home had complex care needs and were unable to tell us about the service they received. Therefore we used a tool called the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of two people, to see how their care was planned and looked at the medicine administration records as well as observed medication administration. We looked at training records for staff and at two staff files to look at recruitment and supervision processes. We also looked at records which supported the provider to monitor the quality and management of the service, including health and safety audits, medication administration audits, accidents and incident records and compliments and complaints.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with told us that they were satisfied that people were safe living at 18 Bushwood Road. One relative told us, "They [staff] look after her very well; I know she is safe". Another relative said, "I know she [person] is safe; in fact I used to lie awake worrying about her but I don't anymore since she has moved to Bushwood". An advocate from another organisation told us, "It seems to be a very good service; I am confident people are safe there". Throughout the inspection we saw that people looked relaxed and comfortable in the presence of staff. We saw that staff acted in an appropriate manner to keep people safe.

All of the staff we spoke with felt that people were kept safe at the home and staff we spoke with knew what action to take to keep people safe from the risk of abuse and avoidable harm. One member of staff told us, "I have never had any concerns but if I did I would report them straight away to the manager, CQC or the Police if I felt I needed to". Another staff member said, "If a person seemed withdrawn, or I noticed a change in their behaviour or any physical signs like bruising, I would report it straight away to the [registered] manager". We saw that staff had received safeguarding training and they were knowledgeable in recognising signs of potential abuse; staff knew how to escalate concerns about people's safety to the provider and other external agencies as directed by the safeguarding policy.

However, during our inspection, we looked at records that the provider holds about accidents and incidents that had occurred at the service. We saw that one person had experienced incidents relating to medication errors and staff had also noticed bruising and other marks on their body which had been reported within these records and investigated internally. Whilst we acknowledged that these had been identified and action had been taken to investigate these incidents internally, no substantive outcomes to account for the injuries were found and the provider had failed to alert the local safeguarding team of these incidents. This meant that the provider had potentially left a person at risk of further abuse or injury because the incidents had not been investigated by the specialist agencies. We fed this back to the registered manager and the deputy manager at the time of our inspection. They reported to feel disappointed that they had failed to meet the requirements and stated that they were not always sure when to report incidents or not; they explained that they felt they could satisfy the requirements by doing their own investigations, but acknowledged that on reflection, these should have been alerted to the appropriate agencies.

Staff we spoke with knew how to protect people from risks associated with their health conditions and were aware of what action they needed to take in an emergency. One member of staff told us, "[Person] is at risk of seizures; we all know we have to administer her medication and monitor her for 30 minutes afterwards; we would call an ambulance if she did not improve". An advocate from another organisation explained to us how the provider had been creative in thinking of ways they could keep people safe without being overly restrictive. For example, they explained that one person had experienced a series of falls from their wheelchair. They told us that the provider had introduced a lap belt in order to reduce the risk of them falling and had applied for the appropriate authorisation to use this equipment; they said, "I could see that she [person] was much safer and she appeared to be comfortable; she was not excessively restrained".

Staff we spoke with and records we looked at showed that people had risk assessments in their care files

which were specific to their care needs and staff were aware of the action they needed to take to keep people safe. These included moving and handling, pressure care, medication and nutritional risk assessments and detailed what actions staff needed to take, in order to reduce any potential risks and how to respond when required. One member of staff said, "People have risk assessments and if anything changes these are updated and handed over verbally to ensure we are all aware". We saw that one person was at risk of choking. A member of staff told us, "If [person's name] was choking we would attempt the back slaps to try to dislodge whatever it was they were choking on and we would call for help as well"; this corresponded with the advice written in this person's risk assessment.

Relatives we spoke with told us they thought there was always enough staff available to meet people's needs. One relative told us, "There seems to be enough staff". Another person said, "There is always someone about and they do a lot with people". We saw staff were available for people at all times throughout the day and no one had to wait for their care and support to be provided. Staff we spoke with did not raise any concerns about the staffing levels in the home. One member of staff told us, "We are safe to work on three members of staff but ideally there are four of us". Another member of staff said, "I think there are enough of us; we share the work load". The deputy manager told us the provider had recently recruited three new members of staff which will allow them to increase the staffing levels back up to four again in the very near future.

We saw the provider had a recruitment policy in place and staff had been appropriately recruited via a formal interview, references, and a Disclosure and Barring check (DBS). Staff we spoke with told us they had completed a range of pre-employment checks before working unsupervised. We saw that staff were required to satisfy a number of competencies during their probation period of six months, before they were permanently employed by the organisation. One member of staff we spoke with told us, "It's a very in depth process and I feel well supported as a new member of staff".

We were told that all of the people living at the home required support to take their medication and that only staff that had received training administered medicines in the home. We observed one member of staff administering medication during our inspection and found that people were supported appropriately.

We saw that medications were stored safely and that protocols were in place to support staff with administering medications effectively, including those that were prescribed on a 'as and when' (PRN) basis. This meant that staff were aware of when to offer medication based on the signs and symptoms a person may present with to suggest they are in need of their medication. Medication records were found to be accurate and detailed and processes were also in place to identify missed medication early. The provider also reported to have a good rapport with the local pharmacy to ensure that people received their medication when they needed it.

Good

Is the service effective?

Our findings

Relatives we spoke with and records we looked at showed that staff that provided care had the knowledge and the skills they required to do their job. One relative told us, "I have faith in all of them [staff]; they are all excellent at what they do". Another relative said, "They are good; they definitely know what they are doing". One member of staff we spoke with said, "We do lots of training; most of it is online learning, but it still tells us what we need to know". We saw that the provider kept a record of staff training which detailed the dates of when staff had completed various training. We found that staff were responsible for maintaining their own training competencies which was monitored by the registered manager. We saw that where staff had failed to complete necessary training updates, the registered manager had addressed this with them directly and had reminded staff in the team meetings that failure to remain compliant with their training could result in disciplinary action. The registered manager told us, "I monitor this monthly and notify people when they are due to expire or overdue; they know I will performance manage them if I have to".

We were told and records showed us that the provider offered regular team ("house") meetings and supervision to staff. Staff felt supported in their jobs. One member of staff told us, "We have meetings and supervision where we can discuss any issues or concerns; it's very supportive". Another member of staff said, "There's a good bunch of staff here; we all support each other and the management are very good".

It was evident when speaking to the registered manager and the staff that they had a good understanding of the Mental Capacity Act 2005 (MCA). The MCA 2005 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. Staff we spoke with confirmed that they had received training on the Mental Capacity Act (2005) and were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent. One member of staff told us, "Some people have been assessed to lack mental capacity but they can still be involved in their care; we offer them choices about what they want to wear and what they'd like to eat". Another member of staff said, "Not all of the people here can communicate with us verbally, but we know them well enough to know how to keep them involved; we still give them choice because some people can point with their eyes, if they don't eat something you offer them something else". Care plans we looked at showed that staff were encouraged to continue offering day to day choices to people despite their mental capacity to consent. One care plan read, "[person] is to be supported to make choices in as many aspects of his day to day life as possible and staff should involve others, such as advocates to support him to make more complex decisions". An advocate is a person who seeks to ensure that people are supported and able to have their voice heard on issues that are important to them, defend and safeguard their rights and have their views and wishes genuinely considered when decisions are being made about their lives.

Deprivation of Liberty Safeguards (DoLS) requires providers to identify people in their care who may lack the mental capacity to consent to care and treatment. They are also required to submit an application to a 'supervisory body' for the authority to deprive a person of their liberty within their best interests in order to

keep them safe. For example, the provider was able to articulate their understanding of DoLS and was aware of their responsibilities. We saw that where DoLS applications had been submitted, copies of the forms were in place. The registered manager told us and information we hold about the service showed that no applications had been authorised to date but they were aware that as soon as they received written confirmation, they needed to notify CQC. This ensured that any decisions made on behalf of people were made in their best interest and was done so lawfully.

Staff we spoke with told us that they prepared all the meals on site and they offered people the food and drinks that they enjoyed. One member of staff told us, "We have a four week menu rota which offers some variety; but people can choose what they want to eat if they don't want what is on the menu". We saw that staff offered snacks and drinks throughout the day and these were provided for people when required.

We observed a meal time where four people were supported by staff and ate together in the dining room, one person was supported by staff to eat their meal in the lounge with their visitor and another person was supported to have their meal in their bedroom. We saw that people's individual needs were catered for at meal times. For example, we saw one person was given a specialist diet and another person was given fortified (high calorie) foods due to their risk of weight loss. The member of staff supporting them told us, "We have noticed that she [person] is eating less and less and is at risk of losing weight, so we encourage her to eat high calorie foods".

We saw people were supported to maintain their independence and staff offered assistance to people who needed it. For example, we saw and staff told us that one person was able to eat finger foods independently if they were cut up in to manageable pieces. We also saw another person was given an adapted cup which allowed them to control the flow of fluid and drink independently. We found that staff were patient with people and did not rush them to finish their meals; staff did all they could to encourage people to eat with meaningful interactions throughout.

We saw that nutritional assessments and care plans were in place for people. These detailed people's specific needs and risks in relation to their diet. We saw that where people were at high risk associated with their diet or fluids they were referred to the appropriate medical professionals such as Speech and Language Therapists. Staff we spoke with told us, "Some people have special dietary requirements; for example [person's name] has to have their food pureed because they are risk of choking and we have to support [different person's name] to maintain a healthy diet because of their diabetes". We saw evidence of this in people's care plans.

We found that people had access to doctors and other health and social care professionals. During our inspection we saw a district nurse visit the home; we were told that they visit twice a day to administer a person's Insulin. An advocate we spoke with confirmed that the provider was quick to refer and they got the relevant professionals involved in peoples care when necessary. One professional told us, "I was impressed that they had flagged up the need for an advocate when they did actually; they are very responsive to people's needs there". A relative we spoke with told us, "They [people] see the doctor if they need to and I know nurses visit regularly". Records we looked at confirmed that people were supported to maintain good health and to attend any medical appointments they were sent. We also saw that any health care concerns were followed up in a timely manner with referrals to the relevant services.

Good

Is the service caring?

Our findings

Everyone we spoke with were complimentary about the staff team. One relative told us, "They [staff] are all really very nice and caring." Another relative said, "They [the staff] are very caring and very friendly; when I visit, they look after me too!" They also said, "They [staff] seem very caring and [person's name] seems very happy there". An advocate from an external organisation told us, "The staff are very supportive, helpful and caring at Bushwood Road; they definitely have people's best interests in all they do."

We found that people received their care and support from staff who had taken the time to get to know them and who understood their history, preferences and needs. One relative said, "They [staff] look after her very well; they know all of her needs now". Another relative we spoke with told us, "They [staff] took the time to make sure they knew what she needed and I know they can provide for her here better than the last place because they have more space; they asked me and they had a handover from her previous home; it's very good". Records we looked at confirmed that people and their relatives (where required) had been involved in the planning of their care and were encouraged to make decisions about the support they received. We saw people had person-centred support plans which informed staff of people's needs and preferences which included their communication needs. One care plan we looked at read, "These support plans have been approved by [person's name] by blinking their eyes in acceptance".

Discussions we had with the staff demonstrated to us, they had a good understanding of people's needs and they were able to build positive relationships with people. One member of staff told us, "We know people very well." Another member of staff told us, "We get to know how to communicate with people and the things they like and enjoy; we just want to do the best we can for people; if they are happy I am happy". A professional from an external organisation confirmed this and told us, "The staff seem to know people very well; whenever I go, whichever staff member I speak to, they will give me a verbal account of a person without having to consult any files or records".

We observed positive interactions between staff and people who used the service and saw that people were relaxed with staff. We saw that when people called out for staff they responded quickly. It was clear that there were friendly relationships between the staff and the people using the service. There was a very calm and relaxed atmosphere in the home during the inspection.

Staff we spoke with and records showed that people were encouraged to remain as independent as possible. One member of staff told us, "We try to encourage people to do as much as they can to stay independent, like we encourage them to eat independently if they can". Another member of staff said, "I give people choices and allow them to make their own decisions; it keeps them independent". Records we looked at included support plans for independence. One person's independence support plan told staff that they like to sit up independently at times during personal care with the support of a member of staff either side of them. Another person's independence support plan told staff that the person can eat independently but they may need a little bit of support from staff to put food on their fork because of their visual impairment.

Everyone we spoke with told us that people were treated with dignity and respect and we saw that people looked clean and well cared for. One relative said, "She [person] always looks clean and well looked after and the place is always clean and tidy; it's very dignified". Another relative told us, "They [staff] are very mindful of her privacy, you know she is fully dependent on them but they are dignified in the way they do things".

Staff we spoke with were mindful of people's rights to have their privacy and dignity respected. One member of staff told us, "We keep doors and curtains closed during personal care and always knock before we enter a room". Another member of staff told us, "We keep peoples private information private and confidential; we knock before we enter a room; males don't do personal care for women and we treat people the way we would like to be treated". We saw that staff addressed people by their preferred names and respected people as individuals.

Staff we spoke with told us that they promoted equality and diversity within the home. One member of staff said, "We respect peoples' cultural needs, for example, we have people here who have to have special shampoo for their hair because they are afro-caribbean". We saw that staff had taken the time to explore people's cultural and spiritual needs and preferences when it came to making end of life decisions and these were included in a dedicated care plan. This ensured that the provider was sensitively prepared and able to respect people's final wishes.

Good

Is the service responsive?

Our findings

Relatives we spoke with told us that they were aware of their loved one having a care plan and confirmed they were involved in this process. A care plan is a written document which details people's care needs and preferences; it informs staff of how a person wants to have their care needs met and how they can support them and provide this care. One relative said, "Yes, she [person] has a care plan and I have been involved in one review since she has been here". Another relative told us, "The staff keep records for her [person] and if anything changes they are quick to tell me and let me know". We saw that before people were admitted to the home a full assessment of their needs was undertaken. This detailed all the person's personal and health care needs and why residential care was necessary.

We found that people and/or their representatives were consulted about their care plans and how they would like to be cared for. A professional outside of the organisation told us, "I have received referrals for two people to act as their advocate during a care plan review; one person has a relative but they are not able to visit as often as they used to because of their own health needs, so they asked me to be their advocate; it is very good". These arrangements ensured people's individual needs were included in the care plans and care was provided within people's best interests where necessary.

On the day of our inspection we saw staff interacting with people and engaging people in activities they enjoyed throughout the day. Relatives we spoke with told us that this is a part of the typical routine within the home and that staff are always, "Doing things with people". One relative told us, "They keep her occupied the best they can; they know what she likes". Another relative said, "[person's name] is always happy and all of the other people living there seem happy because staff are always talking to people and doing things with people". We saw one person enjoyed looking through books about planes and trains; staff told us, "Today is library day; we take him [person] to the library to swap his books and he chooses some new ones".

We found that people were supported to maintain personal relationships and social contact with their relatives and friends. We saw that the registered manager had arranged for one relative to be picked up to visit their loved one on the day of our inspection. The relative told us, "I was worried initially because of the distance from my home but they pick me up so I can come and visit [person's name]; it really is wonderful". The registered manager told us, "It's important for people to remain in contact with people who are important to them, so we help and support where we can; I usually go and pick her [relative] up but I have just arranged for another member of staff to come in and do it today, so I can support the inspection, but it's good because it's an opportunity for me to get feedback and talk to her [relative] about anything she wants to discuss in relation to [person's name] care here".

People we spoke with and records showed that the provider often asked for feedback on the quality of the service and people were given the opportunity to suggest improvements. One relative said, "We can speak to the manager whenever we want to but they do ask us what we think". Another relative told us, "I often get questionnaires which I fill in and send back". We saw that there was a compliments and complaints procedure in place and that people were encouraged to raise any concerns with the registered manager at

any time.

Everyone we spoke with told us they knew how to complain. One relative said, "I'm no pussy cat, not where my daughter's concerned; if I needed to complain I definitely would but I have never had reason to yet; it's a good home". Another relative told us, "In the early days I raised a concern and they responded well but I have no worries now".

During our inspection, the registered manager told us that there were no outstanding complaints from people who use the service or their representatives, other than the anonymous complaint that we (CQC) had received. Information we hold about the service showed that we had received a complaint about the service back in February 2016. We found that the registered manager had acted upon the information we shared with them quickly and had taken the appropriate action to deal with the concerns raised. There was no evidence to substantiate the concerns and this complaint had been closed.

Requires Improvement

Is the service well-led?

Our findings

During our inspection, we saw that there was a clear leadership structure in place. The service was required to have a registered manager in place as part of the conditions of registration. There was a registered manager in post at the time of our inspection. During our inspection we found that the registered manager was not meeting the standards required of their registration because they had not reliably ensured that information that they were legally obliged to tell us, and other external organisations, such as the local authority, including safeguarding alerts were sent.

We also saw that there were some systems in place to monitor the quality and safety of the service, and that most of these were used effectively, including feedback forums and surveys, staff recruitment process and quality monitoring audits. However, some of these systems had not always identified the shortfalls we found during the inspection, such as not recognising trends in accidents and incident reports and failing to identify when these require a safeguarding alert or CQC notification. Nevertheless, we found the registered manager was responsive to our feedback and took immediate action to consider ways that this could be prevented in the future. We were confident that they will reliably address and improve their practice in this area accordingly.

Everyone we spoke with were complimentary about the management team. One relative told us, "[registered manager's name] is wonderful; she is such a lovely lady and is excellent at her job; I can speak to her about anything". During our inspection, we saw the registered manager offered support and reassurance to a relative and spoke with them with compassion. Staff we spoke with also told us that the registered manager was approachable, open and honest in their leadership style. One member of staff said, "She [registered manager] is very open and we can approach her about anything; she is very supportive".

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and that there was a whistle-blowing policy in place. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, a person's safety), wrongdoing or illegality. The whistle-blowing policy supports people to raise their concern(s) within the organisation without fear of reprisal or to external agencies, such as CQC if they do not feel confident that the management structure within their organisation will deal with their concern properly. Staff we spoke with told us, "We are aware of whistle-blowing; this is when we can alert our concerns to the manager if we are worried about anything and if they don't do anything we can call CQC". Another member of staff said, "We do safeguarding training and whistle-blowing; so if I was concerned I know who to inform; firstly, I would tell the manager and then CQC, Social Services or even the police if I felt I needed to". All of the staff we spoke with told us that they felt comfortable raising concerns with their registered manager. One member of staff told us, "We have a good management team; I can speak to them whatever the problem is and I know it will be sorted". Another member of staff said, "She [registered manager] is very approachable and very supportive of us; I would definitely feel comfortable reporting things to her".

We asked the registered manager to tell us about their understanding of the Duty of Candour. 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. The registered manager was able to tell us their understanding of this regulation and how they reflected this within their practice. They said, "I want to ensure we are doing the best we can do for the people living here and sometimes this means acknowledging where we can make improvements".