

Lonsdale Midlands Limited

New Street North

Inspection report

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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

Our inspection was unannounced and took place on 5 January 2016.

The provider is registered to accommodate and deliver personal care to eight people. At the time of our inspection four people lived at the home. People lived with complex needs relating to their learning disability or an associated condition. All four people had lived at the home for a number of years.

At our last inspection in December 2013 the provider was meeting the regulations that we assessed.

The manager was registered with us as is required by law. 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 provider was not meeting all legal requirements as they had not notified us of one DoLS approval or of incidents of physical aggression between the people who lived at the home as they should have done.

Although staff had received training on procedures they should follow to ensure the risk of harm and/or abuse was reduced they were not always following them. Some incidents of aggression between people had not been reported to safeguarding at the local authority as is required.

The staff had been trained and assessed to manage medicines safely. Medicines were given to people as they had been prescribed.

Staff were available to meet people's individual needs. Recruitment processes ensured that unsuitable staff were not employed.

People were supported by an adequate number of staff who were kind and caring.

Staff received induction training and the day to day support they needed to ensure they met people's needs and kept them safe.

Staff had received or were to receive the training they required to fully equip them with the skills they needed to support the people in their care.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This ensured that people received care in line with their best interests and would not be unlawfully restricted.

People were encouraged to make decisions about their care. If they were unable to their relatives were

involved in how their care was planned and delivered.

Staff supported people with their nutrition and dietary needs to promote their good health.

All people received assessments and/or treatment when it was needed from a range of health care and social care professionals which helped to promote their health and well-being.

People were offered and enabled to engage in recreational activities that they enjoyed and met their preferred needs.

Systems were in place for people and their relatives to raise their concerns or complaints.

Relatives and staff felt that the quality of service was good. The management of the service was stable.

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 consistently safe.

The staff team had not followed safeguarding processes. They had not reported physical incidents of aggression between people as they should to ensure that the risk of harm and/or abuse was reduced.

Medicines were given to people as they had been prescribed.

There were adequate numbers of staff that could meet people's needs.

Recruitment systems helped to minimise the risk of unsuitable staff being employed to work at the home.

Is the service effective?

Good ●

The service was effective.

People felt that the service was effective and met their needs.

Staff had the knowledge they needed to meet people's needs in the way that they preferred.

Due to staffs understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS), people were supported appropriately and were not unlawfully restricted.

Staff supported people with their nutrition and dietary needs to prevent malnutrition and dehydration.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People's dignity, privacy and independence were promoted and maintained.

Relatives could visit when they wanted to and were made to feel welcome.

Is the service responsive?

Good ●

The service was responsive.

Relatives felt that the service provided met their family member's needs.

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

Complaints procedures were in place for people and relatives to voice their concerns.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

One Deprivation of Liberty Safeguards (DoLS) approval had been made and some incidents of aggression between people had occurred but the provider had not notified us of these as they are required to.

There was a leadership structure in place that staff understood. There was a registered manager in post who was supported by a deputy manager. Staff felt adequately supported by the management team.

The management of the service was stable. The provider had undertaken regular audits to determine shortfalls or see if changes or improvements were needed

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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.

Our inspection was unannounced and took place on 5 January 2016. The inspection was carried out by one inspector.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We met all four of the people who lived at the home. We spoke with four care staff, a senior care staff, the deputy manager and the registered manager. We also spoke with two relatives. We looked at the care files for two people, medicine records for two people, recruitment records for two staff, training and supervision records for two staff and complaints, safeguarding and quality monitoring processes.

Is the service safe?

Our findings

Both relatives we spoke with told us that they did not have any concerns regarding abuse. One relative said, "No, no safeguarding issues. When they [person's name] visit they never mind going back to the home. I'm sure if there were issues that would not be the case". The other relative told us, "If there was something like that [abuse] I would be able to pick that up from how they [person's name] are". Staff we spoke with told us that they had received training in how to safeguard people from abuse and records confirmed this and would report their concerns to their manager. A staff member said, "Any abuse I would report it straight away".

The provider's safeguarding policy detailed some types of abuse and these included hitting and slapping. Incident records showed there had been numerous times when a person who lived at the home had 'attempted' to hit or slap another. Staff told us and records confirmed that their interaction and diversion techniques had prevented these occurrences resulting in person to person body contact. However, records highlighted, and staff we spoke with confirmed, that on at least on four occasions a person who lived at the home had hit, slapped, or pulled the hair of another person. The registered manager told us they had not informed the local authority. They told us that they did not know they had to as no injuries had occurred. Whilst the registered manager and staff were able to describe to us the different types of abuse this showed that they did not consistently recognise that physical aggression between people needed to be reported to the local authority. We discussed this with the registered manager who said, "I understand now when I need to report. We will report any incidents that may occur in the future". Following our inspection the registered manager retrospectively reported the incidents to the local authority. This showed that they realised that reporting procedures had not been followed but had taken action to address this.

We checked the records and money held in safe keeping for two people. For both people the records and money balanced correctly. The deputy manager told us that the money was checked at the start and end of staff shifts to ensure that the money was correct. This highlighted that people's money was being safeguarded.

Relatives we spoke with told us that their family members were safe living at the home. A relative said, "They are safe. I know there are risks and accidents can happen but the staff try their best to prevent these". All staff we spoke with told us that in their view all of the people who lived at the home were safe. A staff member said, "The people are safe". We saw that risk assessments had been undertaken to explore any risks, these included falls and going out into the community. A staff member told us, "Most people's risks are due to seizures. One person may have a seizure if they are tired. We try to avoid that. When we go for a walk we keep stopping to let them rest". All people could mobilise independently and did not require any aids or adaptations to assist them to walk. This meant that there was less risk of falls and accidents. Service certificates were available to confirm that equipment was serviced and checked regularly to promote safety. We saw service certificates to confirm that gas equipment and the electrical wiring were safe. We saw that regular checks were carried out of the fire prevention and firefighting equipment. This showed that the provider ensured that equipment was safe.

Staff gave us a good account of how they would respond to certain emergency situations. They told us that they would get help from other staff, assess the situation and dial 999 or call the GP if that was needed. All staff knew that they would need to make a written account of the incident. This would give people assurance that staff knew the processes they should follow if a person had an accident or became unwell.

Relatives told us in their view there were enough staff. One relative said, "There always seems to be enough staff when I go there". Staff we spoke with told us that there were always enough staff to supervise people, provide support, and take them out into the community whenever they wanted to. We observed staff were available during the day to supervise people, keep them safe and support them to go out into the community. The registered manager told us that staff covered each other during holiday time and that there were bank staff that could be called upon to cover staff absence (bank staff are just called upon when needed rather than having regular contracted work). This was confirmed by staff we spoke with. The registered manager and staff confirmed that agency staff were rarely used. These actions gave people assurance that they would be supported by staff who were familiar to them and knew their needs.

A staff member said, "All of the checks were done before I could start work". All staff we spoke with told us that checks had been undertaken before any staff were allowed to start work. This was confirmed by the registered manager. We checked two staff recruitment records and saw that pre-employment checks had been carried out. These included the obtaining of references and a check with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. These actions decreased the risk of unsuitable staff being employed.

The registered manager and staff we spoke with told us that only staff who had been trained and deemed as competent to do so, were allowed to manage and administer medicine. This was confirmed by records we looked at.

The two people's Medication Administration Records (MAR) that we looked at highlighted that they had been prescribed medicine on an 'as required' basis. We saw that there were protocols in place to instruct the staff when the medicine should be given. Staff we spoke with knew of the protocols and told us that they followed them. This prevented staff not giving people their medicine when it was needed, or giving people the medicine when it was not needed.

We found that medicines left over from the previous month or months had been carried over onto the current records. This meant that there was always a record of the exact amount of medicine available and an audit trail for staff to follow if a medicine error occurred. We counted two people's medicines to confirm if the number of medicine available balanced correctly against the MAR and found that they did.

We saw that medicines were stored safely in locked cupboards this prevented unauthorised people accessing the medicines. We also saw that processes were used for ordering and returning unused medicine to the pharmacy. This meant that an excess stock of unwanted medicine would not build up, and that people's medicine would be available for them to take as they had been prescribed. Staff we spoke with and records confirmed that medicine audits were undertaken on a weekly basis. The undertaking of the audits had ensured that medicine systems were safe and that people were being given their medicine as they had been prescribed.

Is the service effective?

Our findings

The two relatives who we spoke with told us that the service was good. One relative said, "Very good place". The other relative told us, "I am pleased with the service provided. They [person's name] are very happy there". A staff member told us, "The people here have a good service. They are well supported and looked after".

A staff member told us, "I had induction training when I started. I looked at policies and was introduced to the people here. I worked with experienced staff for a while before I did personal care alone. I found it very useful". Staff files that we looked at held documentary evidence to demonstrate that induction training had taken place. The registered manager confirmed that the provider had introduced the new 'Care Certificate' and that new staff would be working towards this. The care certificate is an identified set of standards that care staff should adhere to when carrying out their work.

A staff member said, "The manager, the deputy or senior care staff are always on duty to give us help and support". All staff we spoke with told us that they felt supported on a day to day basis. A staff member told us, "I have supervision sessions with the manager". Other staff we spoke with also told us that they had supervision sessions. Records that we looked at confirmed this. We saw where problems had been identified these were discussed with staff during their supervision and appropriate measures were put in place.

Both relatives we spoke with felt that staff supported their family member well. One relative said, "The staff are very able and professional. They have the skills they need". The other relative told us, "The staff seem to have a good knowledge of what they need to do". Staff we spoke with told us that they had the training they needed to enable them to do their job and it effective. A staff member said, "I am able to do my job fully". Staff files that we looked at confirmed that staff had received mandatory and specialist training for their role which would ensure they could meet people's individual needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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).

We checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. The registered manager told us and records that we looked at confirmed that an application for each person had been made for a DoLS assessment. We saw that one person had a DoLS approval. Staff we spoke with were all aware of MCA and DoLS. The staff knew the reason for the current DoLS approval and knew that people should not be restricted for reasons other than what had been approved.

All of the staff we spoke with were clear that they should ask people's permission before they provided support. A staff member said, "We always ask before doing anything". We heard staff talking with people about going out into the community and asking them if they would like to go. We heard staff saying to people, "Shall we", "Do you want to" and "Are you ready". We saw that staff waited for people to complete the task or communicate what they wanted to do before staff did anything.

Staff ensured that people were offered the food and drink that they preferred and we saw staff giving people choices. We looked at people's care plans and saw that their food and drink likes and dislikes were recorded. A staff member told us, "All of the people have lived here for a long time. We know what they like. If we gave any of them something they did not like they would push their plate away". At breakfast time we observed that people ate the food that had been given to them. We observed similar at lunch time for one person. All other people were out in the community at lunch time. We looked at the food stocks and saw that they were varied to ensure that people would be offered the food and drink that they liked. We observed that mealtimes were flexible to meet people's needs and preferences.

Staff told us and records that we looked at confirmed that people's risks and health needs had been determined concerning each person's food and drink. Staff told us and records confirmed that where risks were identified people were referred to Speech and Language Therapy (SALT) and the dietician. Records highlighted that some people could be at risk of choking and they tended to put a lot of food in their mouths at one time. Staff we spoke with had a good knowledge of these risks and what they should do to prevent the risks. A staff member said, "At meal times we observe to make sure that people do not put too much food in their mouth at one time". At breakfast and lunch time we saw that staff were available to observe and supervise. Staff told us that some people were encouraged to eat less fat and sugars as they needed to lose some weight. A staff member said, "We try to encourage them to have more fruit and vegetables".

Both of the relatives we spoke with told us that their family member received the healthcare services that they required. One relative said, "They [person's name] sees the dentist, a hospital consultant and chiropodist regular". The other relative said, "If any emergency happens the staff always deals with it". Staff we spoke with told us that they supported people to access health and social care appointments. Records we looked at confirmed that where staff had a concern they referred people to their doctor and a wide range of external health professionals which included specialist hospital consultants. This mostly ensured that people accessed the health attention they needed to promote their good health. However, we found that one person had lost some weight. Records did not confirm that this had been raised with the person's doctor for them to look into the issue to prevent ill health. The deputy manager told us, "When they [the person] lost weight before we did refer them to their GP. I cannot confirm that we have this time". The registered manager said, "We will make sure that we refer this to the doctor".

Is the service caring?

Our findings

Relatives we spoke with described the staff as being caring. A relative said, "The staff are friendly and helpful". A staff member told us, "We [the staff] all care very much about the people here". We saw that staff were friendly towards people. We heard staff asking people how they were, what they wanted to do, and showing an interest in them. We found that the atmosphere was happy and welcoming. Throughout the day we saw that people were communicating with staff and engaging with each other. We saw that people were smiling and laughing.

A relative said, "The staff are polite. Very professional". Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of giving people personal space and ensuring doors and curtains were closed when supporting people with their personal care. A staff member said, "We have to support people with their personal care but we do this in a way that their dignity is respected. We make sure we cover them up and talk to them to make them feel at ease". Staff told us that one person liked to spend time alone in their bedroom for short periods of time. Records highlighted that they were enabled to do this. Records highlighted that staff had determined the preferred way people liked to be addressed. We heard that staff used this name when speaking to them. This demonstrated that staff promoted privacy dignity and showed people respect.

A staff member told us, "We must not discuss anything about the people here outside of work or to other relatives". We saw the provider's confidentiality policy. Staff we spoke with told us that they read this when they started to work at the home and followed it.

Records highlighted how each person communicated and gave staff valuable information so that they could meet their needs. We saw that staff were all skilled and able to communicate with people in a way they understood. We observed staff communicating with people verbally and by using signs and hand gestures. We saw that people understood what staff was communicating to them and responded appropriately. We saw staff speaking to one person about going shopping to buy some new shoes. The staff pointed to their shoes and pointed to the person and said, "Shall we get some new shoes". The person pointed to their own shoes nodded and smiled.

Staff knew that people liked to dress in their preferred way. A staff member told us, "Everyone here wears what they want to each day and we support them to go shopping when they need new clothes". We saw that people wore clothes that were appropriate for the weather and reflected their individual taste.

Staff we spoke with told us that due to people's needs they required a high level of support. Records that we looked at confirmed this. However, a staff member said, "At all times we encourage people do what they can independently. Even if it is putting their socks on they are doing that themselves". One person liked to help in the kitchen and records we looked at confirmed that they did this. Other people went with staff to do food shopping. Records read, "They pushed the trolley around and helped us get food from the shelves. They enjoyed this". This showed that staff knew the importance of encouraging people to be independent and supported them to be so.

A relative told us, "I can visit any time night or day". Staff told us and records we looked at confirmed that people liked visits from and to see their families and that they would enable the visits by transporting people to see their families and allowing flexible visiting times.

We saw information displayed giving contact details for advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The registered manager told us and records confirmed that they referred people to advocacy services when the need arose.

Is the service responsive?

Our findings

Both relatives we spoke with felt that the staff knew their family member and their needs well. A relative said, "There's nothing the staff could do better". A staff member told us, "There are only four people here. They know us and we know them well". The care plans that we looked at reflected people's needs and staff had a good knowledge of the needs. We asked them questions about two people and they told us in detail how each person needed to be supported.

The relatives that we spoke with told us that they were involved in reviews and assessment of needs. Reviews of people's circumstances help the staff to decide if they need to make changes to the care and support that they provide. A relative told us, "We are always involved in their [person's name] care planning. We are also invited to reviews of their [person's name] and are listened to, changes are made where appropriate". Both relatives told us that they were sent a monthly report of activities their family member had been involved in, their level of well-being and any concerns that there may be. A relative said, "We have a monthly report but anything serious the staff would ring us and tell us immediately".

Staff had been responsive in dealing with an influenza outbreak the month before our inspection. They had sought advice from the local public health department to prevent a spread of the influenza. Some people had been very unwell and staff had monitored them to prevent further deterioration. Unfortunately one person had to be admitted to hospital. Staff told us and records that we looked at confirmed that staff stayed with the person at the hospital to ensure that the person continued to be safe and their needs met by familiar staff. Due to the actions that staff took all people recovered and have returned to good health.

The new registered manager told us, "When I started here I was surprised that people were being prescribed rectal medicine to treat seizures. I have worked with people's doctors, spoken with relatives and staff have been trained to give a new medicine. This will be better as it is more dignified and can be given if needed when out in the community". The deputy manager said, "This will be so much better for the people". A relative told us, "The new medicine will be much better". This showed that the registered manager had taken responsive action to enhance people's circumstances.

People could be supported to attend religious services if they wanted to. Records that we looked at confirmed that relatives had been asked about their family members preferred faith and if they wanted to follow this. Staff we spoke with confirmed the people who wanted to follow their faith were supported to do so.

A relative said, "The staff know what they [person's name] like to do". Staff told us and certificates on people's files confirmed that in the past they had attended college courses. However, no-one at the present time was attending college or day centre. A staff member said, "The college and day centre resources are not so available now. It is the staff who provide the in-house and community based activities". Staff had a vehicle that they could use to take people out. This was available all of the time. The registered manager told us, "Many of the staff are drivers so the car can be used every day". We observed people going out with staff and returning throughout the day. We saw that people looked

excited before they went out. One person was chatting with staff and smiling. They went out shopping when they came back they were also smiling. Their relative told us, "They love clothes shopping". When at home people had their own interests. One person liked to dress up in their clothes, another person liked to listen to music and regularly did that and another person liked walking. Staff told us and records confirmed that they were supported to do this often.

The new registered manager told us, "I know that there is work to do regarding the use of questionnaires and surveys. It is something that I am going to do in the near future". However, relatives we spoke with told us that they felt that they were asked their views on the service provided. A relative said, "I am asked my views about the service regularly and the staff listen to what I say".

Relatives told us that they knew how to complain. A relative said, "I would tell staff". Relatives told us that they were aware of the complaints procedure. Another relative said, "If I had any concerns at all I would be happy to raise them. I am happy with everything at this time". We saw that the complaints procedure was available within the home. It had been produced in words and some pictures that could make it easier for people to understand.

Is the service well-led?

Our findings

The registered manager told us that one Deprivation of Liberty Safeguards (DoLS) approval had been made but had not notified us of this. Providers have a legal responsibility to inform us of all DoLS approvals. A follow up report from a provider audit of the home had highlighted that we must be notified of the one DoLS approval but this had not happened. The registered manager told us that they had overlooked this. We found that at least four incidents of physical aggression had occurred between people who lived at the home. The registered manager confirmed that they had not informed us of the incidents. This meant that the provider was not meeting legal requirements of notifying us about these issues. The registered manager told us that they had learnt from this and in future they would report all DoLS approvals as soon as they were approved and any incidents between people that may occur. Following our inspection the registered manager retrospectively formally reported the incidents to us.

A relative told us, "The management is good. They are approachable". Another relative said, "The new manager who took over is absolutely wonderful. They are available and listen". The provider had a leadership structure that staff understood. There was a newly registered manager in post who was supported by a deputy manager and senior care workers. We saw that the registered manager and deputy manager were visible within the home. During the day we saw them interact with the people who lived at the home. It was clear that the people who lived at the home knew both the registered manager and deputy manager well and were comfortable in their company. We saw people approach the registered manager touch their arm and communicate with them. They were smiling and looked relaxed. Our conversations with the registered manager and deputy manager showed that they knew all of the people who lived at the home well.

A relative told us, "The staff work well and are highly professional". Another relative said, "The staff enjoy themselves with the people when working and that is good". This highlighted that relatives felt that staff worked as they should to provide a good service to people. Staff we spoke with were very complimentary about the registered manager and the deputy manager. A staff member said, "The managers here are brilliant. Very approachable". Another staff member told us, "We [the staff] are well supported. We have regular meetings and can raise any issues". We saw that records of staff meetings had been held. These gave staff direction and instruction. For example, when the influenza outbreak had occurred staff were informed how this should be managed. All staff told us that things had changed positively since the new manager had been in post. A staff member said, "The staff work better, we work as a good team". Staff told us that there were on-call arrangements in place so that they could access advice and support outside of business hours. Staff told us that on the occasions they had used the on-call arrangements they had worked well.

All staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. One staff member said, "If I saw anything I was concerned about I would report it to the manager. If I was not happy with the way it was dealt with I would go to social services". We saw that a whistle blowing procedure was in place for staff to follow.

We found by speaking to staff and looking at a brochure (an internal newsletter for staff) that the provider

had circulated that processes were used to acknowledge the good work carried out by staff and their achievements. The provider has services throughout England and the deputy manager had been nominated and had won the overall national award for their dedication and commitment to their service. The deputy manager told us that they were pleased about this. The registered manager said, "It has made us all feel very proud of the deputy manager and the work we all do here".

Staff told us and records confirmed that regular audits and checks had been undertaken regarding medicine safety, the safekeeping of people's money and care records. The registered manager told us that the area manager visited the home at least once a week. Staff also told us that the provider had an audit team who carried out full audits of the home twice a year. We saw the report from the last audit and that there had been a follow up visit to judge if the recommendations from the full audit had been met. This would give people and their relatives some assurance that the service provided was monitored to promote people's safety and well-being.