

Lonsdale Midlands Limited

Walmley Road

Inspection report

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Date of inspection visit: 23 and 24 September 2015

Date of publication: 26/11/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection. The last inspection was carried out on 23 December 2014 and 12 January 2015. At that inspection we found that the provider was not meeting the regulation in relation to having suitable arrangements in place to monitor the quality of the service and to ensure steps had been taken to ensure sufficient numbers of staff were employed at all times. After the inspection the provider sent us an action plan setting out the improvements that they would make. At this inspection we found that the provider had made improvements and there were systems in place to monitor the service and improvements to the arrangements for staffing had been made.

Walmley Road is a care home which is registered to provide care to up to four people. The home specialises in the care of people with a learning disability. On the day of our inspection there were four people living at Walmley Road.

A registered manager was 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.

Summary of findings

Adequate numbers of staff were on duty in the day to meet people's needs. Night time staffing levels were being assessed so that the changing needs of people continued to be met.

There was a positive and inclusive atmosphere within the home.

People received care from a staff team that were kind and caring. People benefitted from opportunities to take part in activities that they enjoyed and that were important to them.

The provider had systems and processes in place to protect people from the risk of avoidable harm. Staff understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm.

People were supported to receive their medication as prescribed.

Staff sought people's consent before providing care and support. Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) were to be followed.

Staff received the training and support they needed to carry out their role effectively.

People received food that had been prepared in a way that was safe for them to eat.

People were supported to stay healthy and opportunities were provided so people saw a range of health professionals.

People's right to privacy was promoted and people's independence was encouraged.

Staff were aware of the signs that would indicate that a person was unhappy, so that they could take appropriate actions. Systems were in place to monitor the quality of the service.

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 were protected from abuse and avoidable harm because the provider had effective systems in place.

Risks to people were assessed. Staff understood how to keep people safe.

People received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People's needs were met by staff that had the skills and knowledge to promote people's health and wellbeing.

People's consent was sought before they were provided with care. Staff understood their responsibilities to protect people's rights so that they were not subject to unnecessary restrictions.

Good



Is the service caring?

The service was caring.

People were supported by staff that knew them well so that they had positive experiences.

People were treated with kindness and respect.

People were supported to maintain their dignity and human rights.

Good



Is the service responsive?

The service was responsive.

Care was delivered in a way that met people's individual needs and preferences.

People were supported to take part in activities that they enjoyed and were important to them.

Staff understood when people were unhappy so that they could respond appropriately. Systems were in place to ensure that concerns and complaints would be taken seriously.

Good



Is the service well-led?

The service was well led.

There were systems in place to monitor the quality of the service and to strive to improve the service and build on developments already made.

People benefitted from an open and inclusive atmosphere in the home.

Good



Walmley 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 inspection took place on 23 September 2015 and was unannounced. The inspection team comprised of one inspector.

We looked at the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. Notifications are information the provider has to send us by law.

During our inspection we met with all of the people that lived at Walmley Road. People living at the home have a learning disability and additional complex's needs. People had limited verbal communication and were not able to tell us if they liked living at the home. We observed how staff supported people throughout the inspection to help us understand their experience of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with the manager, four care staff, one professional visitor and three relatives. We looked at the care records of two people, the medicine management processes and at records maintained by the home about recruitment, staffing, training and the quality of the service.

Is the service safe?

Our findings

At the inspection on 23 December 2014 and 12 January 2015 we saw that the provider had not ensured that appropriate steps had been taken to ensure that at all times there were sufficient numbers of suitably qualified, skilled and experienced staff to keep people safe. Following our inspection the provider sent us an action plan telling us the action they had taken to meet the regulation. They told us that they had ensured that two staff were on the premises at night. This included one staff member working and one on call sleeping on the premises. They told us that shift patterns were changed and staff would receive support and training to ensure they were suitably skilled to support people safely.

On the day of our inspection we saw that people did not have to wait for support from staff and there was enough staff to enable people to do things that they liked. We were told and records confirmed that during the day there were sufficient staff on duty so that people could participate in in house activities and trips out in the community. The manager told us that they were currently assessing the needs of the people during the night as most of the people were awake early, or were awake during the night and required care and support. They told us that they would be then sharing this information with the commissioners of the service. The manager told us that recruitment to vacant posts was still on-going. They were also looking at making changes to the staff rota so that there was greater flexibility around the needs of people.

People using the service had limited verbal communication skills and were unable to tell us if they were concerned about their safety and if they were protected from abuse and harm. Throughout the inspection we saw that people looked relaxed and comfortable in the presence of staff and sought staff out to be in their company. We saw that staff acted in an appropriate manner to keep people safe. Relatives of people who lived in the home told us that they had no concerns for people's wellbeing and safety.

Staff told us that they had received training in protecting people from abuse and they were knowledgeable about the types of potential abuse. Staff recognised that changes

in people's behaviour or mood could indicate that people may be being harmed or unhappy. The provider had procedures in place so that staff had the information they needed to be able to respond and report concerns about people's safety. The information we hold showed that the provider had reported incidents of suspected abuse appropriately.

Staff spoken with was knowledgeable about the risk to people from activities of daily living. Care records we looked at showed that the risk to people had been assessed and plans were in place to manage this risk. We saw that people were supported in accordance with their risk management plans. For example we saw that staff supported people to safely access the kitchen to make a drink in accordance with their written plan.

Staff told us that they had been subject to a range of checks before they started work, including references and checks made through the Disclosure and Barring Service (DBS). We looked at two staff files and saw that new staff did not start until recruitment procedures had been completed. The manager told us that records of recruitment checks were kept at the providers head office and the manager was sent confirmation that the checks had been completed. The manager told us that she had visited the head office to view the records to ensure that all the staff working at the home were suitable to work in social care.

We looked at the systems in place for managing medicines in the home and found that there were appropriate arrangements for the safe handling of medicines. We saw that people's medication was stored safely. Staff told us that only staff that had received training gave people their medicines. We saw that checks on staff's competency to give medicines safely were carried out by the manager periodically to ensure their practice remained safe.

Administration records had been completed to confirm that people had received their medicines as prescribed. Some people required medication on a 'when required' basis. Staff knew when people would need their 'when required' medication and guidance on when to give this medication was available for staff to refer to.

Is the service effective?

Our findings

We saw that people that lived at the home may not have the mental capacity to make an informed choice about some decisions in their lives. Throughout the inspection we saw staff cared for people in a way that involved them in making some choices and decisions about their care. For example, what they wanted to do, where they wanted to go and what they wanted to eat and drink. Staff showed a high regard for people's human and legal rights. Where people lacked the mental capacity to consent to bigger decisions about their care or treatment the provider had arrangements in place to ensure that decisions were made in the person's best interest.

Staff told us that they had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA is important legislation that sets out the requirements that ensure that where people are unable to make significant and day to day decisions that these are made in their best interest. DoLS are in place so that any restrictions in place are lawful and people's rights are upheld. We saw that the provider had made applications for all of the people using the service to the local authority to authorise the restrictions placed upon them.

All of the staff we spoke with said that they had received the training they needed to be able to do their job. One staff member told us, "The training has been good". Staff told us that they had completed some specialist training so they understood the individual needs of people. We saw that staff had the skills that they needed to meet people's needs. Staff who had started work more recently told us that they had received an induction, and had the

opportunity to shadow more experienced staff. A staff member told us, "It was a good induction very involving". All staff told us that they could speak with the manager at any time. Staff told us that the manager was introducing more regular supervisions to discuss their work practice.

Staff we spoke with were aware of each person's individual eating and drinking needs and preferences. Some people required the texture of their food to be altered to enable them to swallow safely. We saw that specialist assessments and guidelines had been undertaken. Staff had a good understanding of the guidelines and showed us that this information was available to them in the kitchen to refer to. A staff member told us, "The information we have now includes food and texture descriptors they are really clear. This was thanks to the new manager. She made referrals so people's needs were reassessed and she ensured we have all the information we need". We saw that one person declined the meal that had been prepared for them. Staff responded appropriately and another meal was prepared which the person ate and seemed to enjoy. We saw that where people needed support to eat this was given in a respectful manner.

Staff, relatives and records showed that people had been supported to see a range of health professionals. For example dentist, opticians and GP. One staff member told us that the new manager had been thorough and supportive towards ensuring that people's healthcare needs were being well met and referrals had been made to healthcare professionals. We observed during our visit that a person was supported to attend a medical appointment. We saw that staff supported the person and liaised with other professionals on their behalf to ensure that people received the healthcare they needed.

Is the service caring?

Our findings

We observed that the interaction between people using the service and staff showed that they had a good relationship. Conversations were warm, caring, respectful and inclusive. We saw that staff frequently engaged with people and included people in the conversations.

We observed staff working consistently in a respectful way, helping people to maintain and promote their dignity. Staff told us that most people preferred to get up early and were often supported by night staff with their morning routine. However, one person preferred to get up later and we saw that the person was offered the opportunity to get up and to undertake their personal care and routine at a time that suited them.

People's privacy and dignity was promoted. People had their own bedroom so that they could spend time in private

if they chose. We saw that staff spoke with people respectfully and personal care was delivered in private. Privacy locks on bathroom doors had recently been installed to ensure people's privacy was protected.

People were supported to be as independent as possible and develop their self-help skills. For example, people were supported to help make drinks, take their clothes that had been washed to their bedroom, return plates after meal time to the kitchen, and go shopping for food items and personal toiletries.

People used a range of different methods to communicate and this has been recorded in the person's care plan to ensure all staff had access to this information.

People were dressed in individual styles that reflected their age, gender and personality. This showed that staff recognised the importance of how people looked to people's wellbeing and self-esteem.

Is the service responsive?

Our findings

Staff were responsive to people's needs. We saw staff offering one person assurance when they became anxious. We saw staff respond quickly to people that needed care and support. For example we saw that when a person made the sign for a drink staff supported the person to access the kitchen to make a drink.

We saw that staff knew people well. Staff were able to tell us people's likes, preferences and important people in their life. People had all been assigned a key worker. A key worker is a member of staff that works with and in agreement with the person they are assigned to. The key worker has a responsibility to ensure that the person they work with has maximum control over aspects of their life.

Staff had worked with each person and where appropriate with other people who were important to them, to find out what the person liked to do and their interests. Staff had just started the process of developing person centred plans for people. These are a way of putting an individual at the centre of what they want to do. These were being put together in an easy read style so they were more meaningful to people.

During our visit we saw that people were supported to do things that they enjoyed. People went out for lunch, to the park and out for a walk. Staff told us and records showed that people were supported to attend sensory sessions, access public transport, the cinema and day trips. Learning

logs for activities had recently been put in place so staff could record how well an activity had gone and if there was any learning to take forward. A staff member told us, "People cannot always tell us what they want to do. We are trying new things. However, we always know if someone doesn't want to do something. People can communicate this clearly to us".

People were supported to stay in touch with their family and people important to them. Relatives that we spoke with told us that they were made to feel welcome when they visited. People living at the home were also supported to make visits to family members. We spoke with three relatives who told us that communication from the manager was good. They told us they were kept informed about their relative and any changes in the person's well-being. This support helped people to maintain relationships with people that were important to them.

Staff told us that they were confident that if there were any complaints, the manager would respond to them appropriately. Staff told us that they recognised changes in people's body language and behaviour which may be an indication that people were unhappy about something so that they could respond appropriately. Relatives told us that they knew how to raise concerns if they needed to. We saw that the complaints procedure was visible in the home so visitors would know how to raise their concerns. In the event of any complaints being raised, there was a system in place to identify, capture and investigate complaints.

Is the service well-led?

Our findings

A new manager for the service was appointed in May 2015 and was registered with us. This meant the provider had met their legal responsibility to have a registered manager in place as this was a condition of their registration.

At our last inspection carried out on 23 December 2014 and 12 January 2015 we found that the provider was not meeting the regulations in relation to; not having effective arrangements in place to monitor the quality of the service and not ensuring that sufficient numbers of suitably qualified staff were employed at all times. After the inspection the provider sent us an action plan setting out the improvements that they would make. The service improvement manager was based at the service for three days a week until they were satisfied that actions identified to progress the service were embedded. At this inspection we found that the provider had made many improvements to the service including ensuring that action was taken to meet the regulations.

Organisations registered with CQC have a legal obligation to notify us about certain events, so that we can take any follow up action that is needed. The registered manager had ensured systems were in place to ensure we were notified and that they fulfilled their legal responsibility.

We saw that there were systems in place to monitor the quality of the service, and quality audits were undertaken. This included audits of medicine management, care records, health and safety and accident and incidents. Where audits had taken place an action plan was developed so that the provider could monitor that actions were taken.

We saw that the manager was visible in the home. The manager worked one shift each week alongside care staff providing care and support to people. We saw throughout our inspection that the manager led by example guiding and supporting staff and modelling a positive response to people's needs. Staff responded well to the manager's guidance and this ensured an open and inclusive culture.

Staff told us that they enjoyed their work and worked well as a team and felt valued. A staff member told us, "Things are really improving. People are going out more. Health issues are being followed up and there is more focus on people's safety. I feel more confident". Staff were clear about their responsibilities to report any concerns about people's care or wellbeing and knew how to do this. Staff said they felt supported and that they were confident that they could approach the manager and that they would be listened to. Staff were consistently positive about the leadership of this home. A staff member told us that during their induction to the organisation their responsibility to act on concerns were made very clear to them. They were given the details of a senior manager in the organisation that they could contact if they had any concerns that they felt were not being addressed by their managers.

There were regular staff meetings and the records we saw showed that staff could contribute to the agenda. Staff told us that they felt listened to and were able to give an example of things that had changed as result of their contribution to these meetings. A staff member told us, "It is really good now for example furniture in [Person's name] needed repair for a long time. Since [Managers name] has come it has got sorted. She get things done, it's really good".

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.