

Lonsdale Midlands Limited

# Lonsdale Midlands Ltd - Bushwood Road

## Inspection report

18 Bushwood Road  
Weoley Castle  
Birmingham  
West Midlands  
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11 December 2018

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

At our last inspection on 29 March 2017 we rated the service requires improvement in the key questions of effective, responsive and well led and we rated the service as 'Requires improvement' overall. This inspection was unannounced and took place on 06 and 11 December 2018. We found that the required improvements had been made and rated the service as 'Good'.

18 Bushwood Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The home has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met.

People were protected from risks associated with their health and care needs because risk assessments and associated care plans were developed, reviewed and monitored. Staff were aware of the risks to people when supporting them. People received support from staff to take their prescribed medicines. Systems and processes were in place to ensure medicines were managed safely.

Staff were caring and treated people with respect. There was a friendly, calm relaxed atmosphere within the home. People were supported by sufficient numbers of staff who had the knowledge and skills they required to care for people safely and effectively.

Staff understood the importance of ensuring people agreed to the care and support they provided and when to involve others to help people make important decisions. The provider was aware of their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS).

Staff understood their responsibilities in relation to hygiene and infection control. There were systems in place to monitor the quality of the service and areas needing improvement were acted on.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

People were supported by enough members of staff, who had been safely recruited, to ensure that they were kept safe and their needs were met.

People were protected from the risk of abuse and avoidable harm because staff were aware of the processes they needed to follow. Risks to people had been assessed, recorded and well managed.

People received their prescribed medicines as required and systems were in place to promote good hygiene standards.

### Is the service effective?

Good ●

The service was effective

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 received care from staff who had the training and knowledge required to do their job safely and effectively.

People were supported to eat food that they enjoyed and to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring

People were supported by staff who knew them well and were kind and caring in their approach.

People were encouraged and supported to make decisions about their day to day lives.

Staff supported people with dignity and respected their privacy.

### Is the service responsive?

Good ●

The service was responsive

People received care and support that was tailored to their individual needs and preferences. □

People's diverse needs were recognised and care plans offered guidance to staff about how best to support people.

Systems were in place to listen and respond to concerns.

### Is the service well-led?

Good ●

The service was well led

There was a registered manager in post.

People were happy with how the service was managed and staff felt supported in their roles.

The provider had systems and processes in place to monitor the safety and quality of the service and these were effective.

# Lonsdale Midlands Ltd - 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 inspection took place on the 06 and 11 December 2018 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. The provider had also submitted to us a Provider Information Return (PIR). A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We also contacted local authorities who provide funding for people to ask them for information about the service and Healthwatch. Healthwatch is an independent organisation that champions the needs of people that use health and social care services. This helped us to plan the inspection.

During our inspection we met with everyone who lived there. 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 way of observing care to help us understand the experience of people who could not talk with us. We also made general observations around the home. We also spoke with a relative and two health care professionals.

We spoke to five support staff, the team leader and the registered manager. We looked at records relating to

the management of the service including care plans for two people, the incident and accident records, two staff recruitment records, Medicine Administration Records (MAR). We also looked at records which supported the provider to monitor the quality, management and safety of the service including health and safety audits, accidents and incidents records and compliments and complaints.

# Is the service safe?

## Our findings

At the last inspection on 29 March 2017, we rated this key question as 'Good'. At this inspection the rating remains unchanged.

People were not able to tell us if they felt safe but we saw from our observations that people looked happy, relaxed and comfortable around staff. Staff we spoke with had a good understanding of people's risks and were able to tell us what action they would take to make a person or situation safe. Staff told us they had received training in safeguarding and knew the different types of abuse. Staff we spoke with told us some of the signs they had been trained to look out for that would indicate that a person might be at risk of abuse and what action to take if they had any concerns about people's safety. Staff were confident that any concerns raised would be dealt with by the registered manager. A staff member told us, "If I saw something that wasn't right I would tell [manager's name] straight away. It is made clear to us if you see something then say something." The registered manager demonstrated a clear understanding of their responsibilities around safeguarding.

Staff that we spoke with were knowledgeable about the risks to people and how to manage them. A staff member told us, "We as a staff team know the people well and understand their risks and what we need to do to keep people safe". We looked at two care plans and saw risk assessments were in place that guided staff on the individual risks people lived with. For example, there were plans in place to reduce the risk of sore skin. There was a detailed safe system of work for staff to follow for people who needed equipment to help them to move safely.

Staff we spoke with were able to tell us about how they would recognise if a person was physically unwell. They told us that they would notice changes in the person's behaviour. We saw that a person was unwell during our inspection and staff were attentive to their needs. Staff told us about how they support people with their health care appointments. We saw that care records contained some information about people's health care needs and how they might communicate for example if they were unwell or in pain. Records we looked at detailed people's health conditions and how staff were to support people to meet these needs safely and effectively.

We saw staff that were available to meet people's physical health and care needs throughout the day in order to keep them safe. The registered manager told us that staffing levels were based on the funding received for people from the local authority and that this determined the current staffing levels. The registered manager told us that she had ensured that the staffing resource was maximised and used flexibly to support people on activities outside of the home. Records we looked at supported what the manager told us.

We found that the systems to administer, store and record medicines were safe. Staff told us and records confirmed that they received training before they were given the responsibility to administer medicines and periodic checks were made on staff's continued competency to undertake this task. We saw that people's care records contained guidance for staff about how people liked to take their medication. On checking



medicine administration records (MAR) we found they were completed accurately and regularly audited by the registered manager. Medicines that were administered on an 'as required' basis had plans in place that gave staff the information they needed on how and when these medicines should be appropriately administered to people. Staff told us that they were trained in giving medication and their competency was assessed. Reviews of people's medicines had taken place and for some people changes were made so that their medicines were provided in a liquid form to make it easier for people to take.

We checked two staff recruitment records and saw the provider had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS). Completing these checks reduces the risk of unsuitable staff being recruited.

We saw that the home was clean and staff had completed training about infection control and food hygiene so people were protected from risk associated with infection. Staff spoken with knew their role and responsibilities towards keeping a safe clean environment. We saw that staff were prompt to respond to any cleaning issues and the home was tidy and well maintained. We saw that staff had access to appropriate cleaning materials and person protective equipment (PPE) and we saw that this was used appropriately during our inspection.

Records showed that incidents and accidents were recorded by staff. This enabled the manager to monitor trends and patterns and take action as appropriate. We saw that the manager reviewed all incidents and accident records and had made recommendations for any required actions when needed.

## Is the service effective?

### Our findings

At the last inspection on 27 March 2017, we rated this key question as 'Requires Improvement'. Improvements were needed to a best interests interest decision and to how people's nutrition needs were being met. At this inspection the required improvements had been made and we rated the Key question as 'Good'.

At our last inspection we found that where best interest decisions had been made about people's medicines, the proper processes had not always been followed or recorded as such. We fed this back to the registered manager at the time of our inspection and they responded to our feedback immediately and consulted people's relatives/advocates and the GP in order to follow the appropriate processes.

At our last inspection we found that not all of the people living at the home were able to tell staff what they wanted to eat and were not always given a choice. We also saw that there was little flexibility or review of the food options available to people. At this inspection we saw that improvements had been made to how people were supported to meet their nutritional needs. We saw that people who could make a choice were supported to choose what they wanted to eat by pointing to the photographs of food items or by pointing to food items.

At our last inspection we saw that some people had to wait for their food because there was not always enough staff available to assist people at the same time. At this inspection we saw that this had been addressed and a staggered meal time had been introduced. We saw that this had improved the meal time experience for people living at the home. We observed a meal time and saw that people who required their food to be prepared in a certain way and required staff assistance at meal times to eat safely, received the support they needed. We saw that people's independence was promoted where possible. For example, we saw that a person was given an adapted cup which allowed them to control the flow of fluid to enable them to drink independently. We saw that the staff had sourced local suppliers of fresh food produce to improve the choice and quality of the food served. Staff we spoke with had a good understanding of people's specific dietary requirements and they were able to tell us in detail what support people required with their meals and drinks. There were instructions for staff to follow in the care plans to ensure that people were supported effectively and safely. We saw that where people may be at risk of choking the home worked alongside dietician's and Speech and Language Therapist (SALT) for advice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff all told us they had received training on MCA and DoLS and understood how to offer people information in a way that they could understand to help them make their own choices and gain people's consent. Staff told us they offer choices to everyone and where people aren't able to tell us their choices or preferences they made decisions in the person's best interests. Staff were able to describe to us people's unique way of communicating. For

example, A staff member told us, "[Person's name] will make a choice by smiling for yes and a frown for no."

Where decisions were made on people's behalf, best interests meetings were held with relatives, or representatives and the staff who supported the person to ensure the decisions made were in the person's best interests.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made DoLS applications and authorisations were stored in each person's care records. The registered manager knew who the persons representative was and their role. The registered manager had a system in place to ensure that when peoples DoLS expired they could reapply for a new one in a timely way. This meant no unnecessary restrictions were place on people and their rights were protected.

People living in the home had lived there for long periods of time and their individual needs were well known by staff .There was information and guidance for staff to refer to about how to meet people's needs effectively. We saw that staff knew people well and knew about the things that were important to them.

Staff had the knowledge and skills needed to meet the needs of people using the service. Interactions we observed between people and staff demonstrated staff knew how to support people and understood people's unique ways of communicating their needs. The registered manager's training matrix showed that all staff were up to date with the training they needed. This included both on line learning and face to face learning. Staff told us that they had also completed training specific to the needs of the people they supported. For example, epilepsy, pressure care and dysphagia awareness.

Staff told us they were supported in their role, understood their responsibilities and had regular supervision, training and team meetings, where they felt able to share good practice. Records we saw showed and confirmed that a comprehensive system of staff supervision, appraisals and observations of staff practice took place at the service. New staff recruited to the home had been provided with the Care Certificate as part of their induction. The Care Certificate is a set of nationally recognised standards that provides staff with the skills and knowledge they need to support people safely.

People had access to healthcare services where required. Records we looked at showed that people had annual health checks with their GP. People's healthcare needs were closely monitored to ensure any changes in their needs were responded to promptly. A health care professional told us, "It's one of the best homes I go to. The staff are very proactive. They are caring and they follow any advice or guidance that we provide. I have no concerns about people's care."

The premises were suitable to meet the needs of the people living there as it was an adapted bungalow and reflected the values that underpin the Registering the Right Support. The registered manager had ensured that specific equipment to enhance people's safety and wellbeing had been provided. For example, people had specialist beds according to their needs, chairs that were specifically designed for an individual and since our last inspection a nurse call system had been installed. There were shared areas for people to access including a dining room and lounge. We saw during our inspection that people were able to make a choice about spending time with other people or choosing to spend time on their own in their own bedroom. The bungalow was accessible throughout. There was a garden which was well underway of being improved with sensory equipment and raised flower beds so it was a nice place for people to enjoy all year

round.

# Is the service caring?

## Our findings

At the last inspection in March 2017, we rated this key question as 'Good'. At this inspection the rating remains unchanged.

People received support from staff that were kind and caring about the people they worked with. We observed staff spending time with people and they were not rushed. We saw people smiling and laughing with staff and when a person showed signs of any distress, they were reassured promptly by staff contact. Staff told us that the best thing about working at the service was the people living there.

Staff knew people's needs well including their likes, dislikes and preferences. People's care records had information about their history and individual interest. This meant that staff were aware of how to meet people's individual needs when supporting people. Some people had specific communication needs. We saw that these had been discussed as part of the person's assessment and that guidance was provided to staff on how they should support the person to communicate their needs. We saw that staff communicated in this way during our inspection.

People were treated with dignity and respect by the staff who supported them. Their privacy was maintained. We saw that staff knocked people's doors before entering their bedroom. Staff were able to tell us how they would promote people's privacy and dignity when supporting people with their personal care and we saw during our inspection that people were assisted discreetly with their personal care needs. A staff member told us, "I always talk to the person, I give them the choice and you talk through what you are doing. I always make sure the door is closed and cover the person up. Make sure you always respect their privacy."

We saw that people were well presented and were wearing clothes of their choice, that reflected their age, gender, the weather and their own individual style. We saw that people looked visibly well cared for. Staff recognised the importance of looking good to people's dignity and self-respect.

Staff we spoke with told us that they promoted equality and diversity within the home. Through discussions with staff they were able to tell us how they had considered people's sexuality, as far as reasonably possible. Staff were also able to tell us that people's food and personal care products had been considered in relation to their culture needs and preference.

The provider told us in their provider information return (PIR). Staff use the 'mom technique' in their approach to care. Each person has an allocated keyworker, they work closely with the person to ensure their needs are met. Family and friends can visit at any time. Relationships are encouraged. Keyworkers support people with the arranging of birthday/Christmas presents and cards for close family members.

## Is the service responsive?

### Our findings

At the last inspection in March 2017, we rated this key question as 'Requires Improvement'. At this inspection the required improvements had been made and we rated the Key question as 'Good'.

At our last inspection we found that people rarely had the opportunity to go out and engage in activities outside of the home. The registered manager recognised that this was an area that required improvement. At this inspection staff told us and we saw photographs of things that people had done and places people had visited. For example, some people had been to a premier league football match, a visit to the seaside for all the people had taken place, visits to the airport for people who had an interest in this had been arranged. We also saw with the Christmas season about to commence a Christmas meal to a restaurant and a theatre trip had been arranged. On the day of our inspection we saw that a person was supported to visit a local library and they indicated to us that this was something they enjoyed doing. Staff confirmed this was a regular activity for this person. We saw that on their return they enjoyed looking through the books of interest that they had taken out from the library. Staff told us that people were also supported to attend a regular social event specifically for people with disabilities. We also saw that a regular mobility session took place from an external person.

We saw that the registered manager had dedicated a corner of the home to in-house activity equipment for people to get involved in, such as darts, skittles, jigsaws and a pool table. The registered manager told us that they had asked the [people] that could tell them and although [people] may not be able to do the activities themselves, they appreciate being part of a team and respond well to the fun of the activities taking place. We saw that a regular mobility session took place from an external person.

We saw that people were treated as individuals and their personal likes, dislikes, preferences and daily routines were respected and promoted. We saw that relevant health and social care professionals were involved with people's care to ensure that care was specific to the person's needs and person centred. The care records we looked at included a personalised information book called 'a glimpse at me' and these were found to be informative and individual to the person. A monthly review of people's care took place and records of these showed that all aspects of the person's health and wellbeing were reviewed. The records we looked at reflected our observations and what staff had told us, we saw staff working consistently in line with people's needs and wishes.

The provider told us in their provider information return (PIR) that support plans were reviewed as often as a person's changing needs required. Each person has at least one care review each year, which included representatives from all agencies involved in that person's support, and any relevant others (e.g. family members, advocates, friends etc.). Support plans were reviewed at least every six months or sooner if required. We were able to confirm what the provider told us during our inspection.

We found that systems were in place to ensure staff were kept up to date about changes in people's care and support needs. Staff we spoke with told us how staff handovers and team meetings were used to ensure effective communication between the team.

Through our discussions with staff it was clear they were non-discriminatory in their approaches. Staff were able to tell us how they supported people to ensure they were not discriminated in any way due to their beliefs, gender, race, sexuality, disability or age.

We looked to see how the service ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. We saw that staff used a variety of communication systems to support people including the use of photographs and objects of reference. Staff worked with each person to support them to express their views and choices in ways unique to them and to maximise their involvement in all areas of their lives.

People using the service were unable to say if they had a complaint. However, staff knew them well and recognised when people were unhappy. There were records that showed what people did to show that they were happy or sad and staff spoken with were very familiar with how people communicated. A relative told us they knew what to do if they had any complaints about the service. They told us, "I haven't had any concerns, but would not hesitate to speak to the manager if I did. I keep my eyes open and would speak out if something wasn't right. I am confident that things would be sorted out."

Although no one was in receipt of end of life care on the day of our inspection, we spoke with the registered manager about this. They told us that they were starting to gather information about people's wishes. This was so that when required people would be supported in a way that they wanted and this information would be recorded in their care records.

## Is the service well-led?

### Our findings

At the last inspection in March 2017, we rated this key question as 'Requires Improvement'. At this inspection the required improvements had been made and we rated the Key question as 'Good'.

At our last inspection we found that the provider had failed to act upon concerns relating to the lack of resources that were available to enable people to engage in activities outside of the home, including staffing levels and transport facilities. Also, issues relating to a person not having access to their personal transport provision had not been identified by the registered manager.

At this inspection we found that these issues had been addressed. Although staffing levels had not been increased the ratio of staff to people had improved because occupancy levels were down from six to five people currently living there. The registered manager told us that they had ensured that the staffing resource was maximised and used flexibly to support people on activities outside of the home and records we saw confirmed this. The Motability vehicle had been returned so that the person received a monetary benefit instead of the vehicle. The registered manager had sourced different transport options for people including suitable taxi service, ring and ride and a local transport hire company with adapted vehicles suitable for people's transport needs.

During our inspection, we saw the registered manager was visible and present and played an active role in the delivery of care and led by example. They knew people well and spoke of people and their family with care and compassion. We saw the registered manager worked hard to find ways to engage with people, overcoming barriers to communication and really committed to ensuring that people were fully involved with their care. The information in people's care records showed the work that had gone into supplying staff with clear consistent information on how best to communicate with people. Health care professionals we spoke with spoke highly of the registered manager. A health care professional told us, "[Registered managers name] is very professional they are very proactive. They [registered manager] are almost already doing what they need to before we can advise them."

The registered manager was open in their approach to the inspection and co-operated throughout. They responded positively to any feedback provided. For example, although staff were aware of what they needed to do in relation to minimising risk's associated to one person's health condition. Some staff were not aware of the medical term. The registered manager took immediate action and provided staff with a briefing session and also included other medical conditions in the session to ensure staff had the information and knowledge they needed.

A relative told us, "[Manager's name] is excellent, they are one of the best managers I have ever dealt with. They are efficient, they go out of their way to get things sorted for the people that live there. Any specialist equipment if they need it, [manager's name] sorts it out." We saw that a number of compliments had been received from visitors to the service including health care professionals. Comments included, "Warm welcoming and professional. The service is run on a person centered approach." And, "Staff always accommodating in facilitating health appointments. Always attentive and on hand to discuss



implementation of treatment plans."

Staff we spoke with spoke highly of the registered manager. They told us the registered manager was visible and approachable. They told us that they [registered manager] put the needs of the people who lived at the service first, and worked closely with staff to ensure they felt supported and confident in their roles. A staff member told us, "[Manager's name] is really good. They deal with things straight away". Another staff member told us, "[Manager's name] really cares about the people that live here. They do their job to the best of their ability". A third staff member told us, "It's a pleasure to come to work. People have beautiful bedrooms, we have the equipment we need to meet people's needs safely and we know what we are doing and what is expected of us." We saw that a staff survey had been completed by the provider and the findings had been analysed. Comments made about the registered manager included, "The manager has a listening ear and an open door."

We saw that the registered provider had a range of audits and checks to monitor the quality and safety of the service. Regular checks were in place to ensure people lived in a safe, comfortable and homely environment. The audit addressed all the key areas of the operation of the home. The registered manager reported monthly to their operations manager so they had oversight of where any improvements or actions were needed. The provider required the registered manager to submit a monthly report on all accidents and incidents so that actions required could be monitored by the provider to ensure there was effective oversight of the home.

The registered manager attended manager meetings with other registered managers from the company to share positive practice. This approach ensured learning from experiences took place across the company. For example, we saw that at some recent meeting discussions and learning in relation to dysphasia had taken place.

It is a condition of the providers registration to have a registered manager in place. At the time of our inspection a registered manager was in place. 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.

Registered providers are required by law to display the ratings awarded to each service on their website and in the home. We confirmed that the rating for 18 Bushwood Road was on display in both places. Showing this rating demonstrates an open and transparent culture and helps people to know the rating of the service they are using.

We looked at the opportunities people, staff and relatives had to provide feedback or to whistle blow if they were concerned about any aspect of the service. (Whistle blowing is a term given to raising the alarm on abusive or neglectful care practices). Staff we spoke with were aware of how to whistle blow in the event they felt unable to approach their line manager.

Providers are required by law to inform us of certain events that happen in the home (such as serious, safeguarding concerns or police incidents) by way of submitting a form called a statutory notification. We found that the notifications we received from the provider enabled us to understand events and actions taken following an event or incident within the home.

Records we saw showed the management team worked with other agencies to support the well-being of the people living at the home. For example, specialist services and health and social care professionals to

ensure that the care they provided to people was in keeping with legislation and best practice guidelines. This included advice and support specific to physical and learning disabilities.

The provider had submitted their 'Provider Information Return' (PIR) as is required. The information provided in the PIR was detailed and reflected our observations from the inspection.

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 manager understood their obligation in relation to their duty of candour. The registered manager could tell us their understanding of this regulation.