

## Lonsdale Midlands Limited

# 233 Yardley Fields Road

### Inspection report

233 Yardley Fields Road  
Stechford  
Birmingham  
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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** 

#### Overall summary

This inspection took place on 25 November 2015 and was unannounced. The previous inspection was carried out on 18 September 2013 when all the assessed regulations were met.

233 Yardley Fields Road offers long term residential care for up to five people with a learning disability and mental health disorders.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living in the home were happy with the service provided and were kept safe from abuse and harm because staff were able to identify the signs that would indicate if a person was unhappy and were aware of the actions to take if they had any concerns.

People were supported to receive safe care because there were sufficient numbers of suitably trained and recruited staff to care for people.

# Summary of findings

People were supported to make decisions about their care where possible and safeguards were in place when they were unable to make their own decisions. This ensured that decisions were made in their best interests.

People received personalised care because staff knew them well and had the information they needed to ensure their privacy and dignity. People were treated as individuals and birthdays and other special days were celebrated in the way they wanted.

People received meals that met their nutritional needs and were supported to receive medical attention when needed. People's health care needs were monitored and other healthcare professionals were involved when needed.

People were supported to maintain links with their friends and families, go on holiday and undertake activities that they enjoyed doing.

Systems were in place to monitor the quality of the service and people were supported to have their voices heard in how the service was developed.

# 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 were involved in making decisions about their care and ensured that people's human rights were maintained.

People were supported to eat and drink well and received medical attention when needed.

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 and were supported to maintain their dignity and independence.

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.

People were able to raise concerns if they had any.

Good



### Is the service well-led?

The service was well led.

There was a management team in place that supported people to receive good quality care.

There were systems in place to monitor the quality of the service and to strive

Good



## Summary of findings

to improve the service and build on developments already made. People benefitted from an open and inclusive atmosphere in the home and were encouraged to express their opinions.

# 233 Yardley Fields 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 25 November 2015 and was unannounced. The inspection was carried out by 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. We also asked the provider to complete and return the Provider Information Return. This gives the provider an opportunity to tell us about their service. This was returned as requested.

During our inspection we met with all five people that lived at the home. People living at the home have a learning disability and additional health needs. Some people were not able to tell us verbally 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.

We spoke with two people that lived in the home, two relatives, the registered manager and three staff during our inspection. We looked at the care records of three people, observed the administration of medicines, looked at records maintained by the service in respect of staff support, and the involvement of people in the running of the service. We also looked at how the provider( service is an inanimate thing) monitors the service provided to people. This included audits the provider completes to ensure a good service is provided.

# Is the service safe?

## Our findings

People were protected from the risk of harm because staff had the knowledge and skills to respond to allegations of abuse. Two people living in the home told us that they felt safe with the staff. One person told us that staff listened to her. We saw that other people were comfortable in the presence of staff and were often seen to hold staff's hands. Relatives spoken with told us they thought people were well looked after and kept safe. Staff spoken with told us that they are received training in safeguarding people and would report to the manager or team leaders if they had any concerns. We saw that the manager was aware of the safeguarding policy and saw that appropriate referrals were made when needed so that allegations could be investigated.

Risks to people's health was minimised because risks had been identified, assessed and management plans put in place. One person told us, "Staff keeps me safe from danger." We saw that equipment such as pressure relieving cushions were in use for people at risk of developing skin damage. Equipment such as beds that could be lowered and raised were in place so that the risk of injury from falling out of bed was minimised because the height from which people could fall was limited. However, when people needed support the beds could be raised to an appropriate height that would not cause injury to staff. There were systems in place to ensure that people's money was not used inappropriately. Staff were knowledgeable about the risks people faced and we saw that staff followed appropriate moving techniques and followed management plans for people who were taken into the community in a wheel chair. A relative told us that they felt the staff knew how to manage their family member very well and keep her safe.

People told us that staff were available to assist them and this was confirmed during our observations during our inspection. There were four staff available in the home and

the manager confirmed that this was the usual number of staff during the day. However, on the day of our inspection we saw that people were not able to undertake their planned activity because one person needed to attend an appointment so allowance had not been made to support this. Staff told us that the activity would be carried out on a different day in the week. Staff told us that additional staff were not always available due to budgetary restrictions. We discussed this with the registered manager who stated that they would ensure that there was better planning of appointments so that people's agreed activities were not affected.

The registered manager confirmed information recorded in the information the provider sent us that most staff had worked in the home for a long time providing continuity of care for people. Staff knew people's needs and we saw that people were comfortable in staffs presence. The registered manager told us that recruitment checks were carried out by the provider's central recruitment department. These checks included identity, previous work practices and police checks. Staff told us that checks had been carried out when they started work. This ensured that only suitable staff were employed to work in the home.

We saw that people received their medicines as prescribed. We observed people being handed tablets to take and staff observed that they swallowed them with a drink before records were completed. One person told us, "I get my medicines in the morning, at lunch and at night." The registered manager told us and records confirmed that staff competencies were checked every six months. Instructions were available for staff to know when and how often medicines needed on an "as and when needed" basis were to be given. We saw that audits were carried out on a regular basis by the registered manager to ensure that people received their medicines as required. Systems were in place to ensure that medicines were ordered, stored, administered and destroyed safely.

# Is the service effective?

## Our findings

Staff told us and the registered manager confirmed that there was an ongoing training programme for staff. Training was customised to the needs of the staff and the people they supported. For example, the registered manager and team leaders undertook advanced medication and leadership training so that they could ensure that care staff could be appropriately supported to carry out their roles. The information sent to us by the provider told us that staff were supported to undertake ongoing training and encouraged to develop their qualifications. This was confirmed by staff spoken with. Staff commented that the training they received was better than they had ever received before. Staff were also supported to carry out their roles through individual discussions with senior staff and through discussions in staff and key worker meetings.

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 saw that the service was working in line with the requirements of the MCA and DoLS applications had been made for the people that required them. For people unable to express their wishes verbally the areas they needed support in making decisions had been identified and staff supported them to be as involved as must as possible.

We saw that care planning was person centred and focussed on the likes and dislikes of people. We looked through one care plan with the person it related to and they confirmed that the information contained in it was correct. Care plans were in a format that was easier for people to understand and be involved in because they used pictures and simple English. Staff told us that they had got to know people well and care plans provided the information they needed to meet people's needs. One

person told us that they were going to make drinks for everyone in the afternoon and that some people came to sit in their bedroom and watch television with them. We saw that people were supported to use the toilet discreetly. We saw that people were supported to take control of aspects of their daily needs, for example, using an alarm that sounded at regular intervals to remind an individual to use the toilet. The individual was aware of what the alarm was for and told us they forgot to use the toilet sometimes. Relatives spoken with told us that they were kept informed about their family member's wellbeing.

People told us they enjoyed the food they ate. One person told us that, "We do the menus every week and go out food shopping." We saw that there were weekly picture menus on display and people told us the meals they were expecting to have that day and this corresponded to the menu on display. We observed the midday meal. We saw that one person had chosen to have their meal later and we saw that this was prepared freshly for them. Staff told us that this person often chose to eat later. We saw that people had been assessed by the appropriate professionals to ensure that their nutritional needs were met safely. We saw that some people had to have their food prepared to a soft consistency because they had problems chewing and swallowing their food. We saw where people needed support to eat this was provided sympathetically ensuring people were able to choose how much to eat and when to take a drink. We saw that people were encouraged to eat and drink independently as far as possible with the appropriate cutlery and cups. We saw that people's weight was monitored to ensure that any problems with nutrition were identified quickly.

One person told us that the nurse had been in to apply a dressing on the morning of our inspection. Another person told us they had been for a blood test and there was jovial banter between the staff and the individual about the doctor they had seen. There was information in people's health action plans about appointments attended and planned. Records showed that people's on-going health was monitored through screening checks such as for breast concern and monitoring of blood cholesterol levels. Staff told us that they were taking one person for a chiropody appointment on the day of our visit. We saw that there was involvement of specialist health professionals to ensure that people were consulted with and agreed to treatments they received.

# Is the service caring?

## Our findings

Throughout our inspection we saw kind and caring interactions between staff and the people that lived in the home. We saw lots of smiles, heard lots of laughter and saw that the people that lived in the home cared for each other. One person told us about people who had been unwell and how they had missed them when they had not been in the home. They told us about birthday parties, their own and those of the people they lived with. We heard conversations between staff and the people living in the home about Christmas presents that one person wanted to buy for the other people living in the home. It was pleasing to hear that the conversations showed that each person was spoken about as an individual with individual likes and dislikes and what might be appropriate for each person. Relatives spoken with told us their family member had a special birthday where family and friends were invited and their family member was very happy about it.

We saw that people's dignity was respected when they were supported with personal care such as using the toilet and staff waited outside while some people used the toilet.

Conversations between staff and the people that lived there showed that there was respect for each other. We saw that there were three people there with the same first name. One person told us, "People's full names were used to ensure that other people that lived there knew who was being spoken to". We saw that this was done in a respectful way. The registered manager told us and records showed that staff received training and there were ongoing discussions with staff about promoting privacy and dignity. This was done through case studies where staff identified where privacy and dignity was not being promoted.

We saw that people were supported to take pride in the way they dressed and saw that each person was dressed in a way that expressed their individual personalities. One person told us that they had been supported to style their hair in the way they wanted.

People were supported to be independent where possible. We saw that people were supported to walk independently or with staff support instead of using wheelchairs in the home. People were supported to eat independently and make choices about what they ate, when they ate and decide where they sat and what they did during the day.



# Is the service responsive?

## Our findings

People told us that they were able to do the things that they wanted to do and care records showed that they were involved in making decisions about where they went on holiday and what they did to keep themselves occupied. People were involved in setting short, medium and long term goals and these were reviewed regularly. Two people told us about attending college to do flower arranging and showed us their arrangements that had been displayed in the home. Activities undertaken were reviewed with people so that they could decide whether to continue with them or not depending on whether they enjoyed them. Staff were able to tell us about people's individual needs, interests and how they supported people. Staff were aware of the person's preferences and knew how to respond to the person's needs. They told us that communication between staff was good and they were informed about any changes in people's care that they needed to know about.

Most of the people in the home had lived there for a long time and told us they were happy and content. Our observations showed their needs were met in a way that met their individual needs. For example, some people had a lie down during the afternoon because they got tired whilst others undertook activities such as colouring.

Although all the people living in the home were from an English heritage two people told us that they were having curry for their evening meal. Staff told us that they enjoyed curries and they regularly had cultural evenings so that people were able to try meals from different backgrounds.

People were involved in agreeing an activities plan with their key worker so that they could do the things that they enjoyed and that helped them to maintain their independence.

We asked two people what they would do if they were unhappy about anything. Both people told us they had people that they could turn to for advice. We saw that people had completed quality surveys and they all said they were happy with the service and had no concerns or worries. Relatives spoken with told us they had no concerns about the service. One relative told us, "We have complete faith in the home." They told us if they had any concerns they would not hesitate to discuss it with the registered manager and they felt assured they would be listened to. Relatives told us that they were able to maintain their relationships with their family members through visits and telephone conversations. One person told us they were able to maintain friendships with people outside the home through visits to each other's home.

# Is the service well-led?

## Our findings

There had been a registered manager in post for several years and the majority of the staff team had worked there for some time. Staff told us they liked working at the home and felt that they were well supported by the registered manager and team leaders. People and their relatives were aware of who the registered manager was and felt that she was kind and approachable.

We saw that the atmosphere in the home was open and supportive. We saw that staff were able to access the registered manager when they needed and the registered manager was supportive with staff who were learning new tasks. Staff told us they were supported to develop their skills through ongoing training and development and felt that the people that lived there were the centre of everyone's attention. Staff told us they worked well as a team and interactions seen during the day supported this. Staff told us and records confirmed that staff meetings were taking place and issues such as external audit findings, learning from safeguarding incidents and how to ensure daily living skills were maintained and developed were discussed.

We saw that there were some systems in place to monitor the quality of the service, and quality audits were undertaken. This included audits of medicine management. For example, the registered manager carried out regular audits and audits were carried out by the

pharmacist providing medicines to the home. Accidents and incidents were recorded electronically so that they were monitored by the provider. Other audits carried out by the registered manager included food safety, training, the accommodation and health and safety. We saw that a recent overall audit had assessed an achievement of 98% against a number of measures. There was a service improvement plan in place that identified some issues such as learning from safeguarding incidents to be discussed at team meetings. We saw that this had taken place.

People's views about the service were gained through questionnaires they were supported to complete by staff and representatives from the provider. We saw that these showed that people were happy with the service they received. A comment from one person included, "I love living at Yardley Fields Road." A comments made by a visiting professional said, "Good joint working" and "[Staff are] always professional and friendly."

One person living in the home told us that they were involved in meetings with other people that lived in homes run by the provider so that they could discuss things and make suggestions for improvements. Records looked at showed that this was the case and activities had been discussed. People had said that they would like to see other homes people lived in and this meant that meetings were held in different homes as well as at the provider's offices.