

Lonsdale Midlands Limited

Lonsdale Midlands Ltd - Yardley Fields

Inspection report

233 Yardley Fields Road
Stetchford
Birmingham
West Midlands
B33 8RN

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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

About the service

Yardley Fields is a care home providing personal and nursing care to four people with learning disabilities and/or autism spectrum disorder at the time of the inspection. The service can support up to five people in one adapted building. The building is all on one level with no steps or stairs inside.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service accommodated up to five people in line with guidance and provided good sized individual bedrooms and a large shared kitchen diner and separate lounge. Large sliding windows opened out onto an enclosed garden. There were deliberately no identifying signs, intercom or cameras, to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People told us that they felt safe in their home environment. Relatives felt confident that their family members were protected from avoidable harm. Staff had an understanding of how to protect people from harm and recognised types of abuse and how to report it.

Possible risks to people had been identified and staff knew how to reduce the risk of harm. There were enough staff on duty to meet people's needs. People's medicines were stored and managed safely. Safe practices were completed to reduce risk of infection and keep the home clean.

People and their relatives were involved in ongoing assessment and reviews of their needs. People were supported to choose from healthy food and drink options and eat a balanced diet which reflected individual dietary needs. Staff worked well with external health professionals and followed their guidance and support.

People were cared for in a kind and considerate manner. They were treated with respect and their dignity and privacy were maintained. People were supported to make choices about how they wanted to receive care, their wishes and decisions were listened to and acted upon.

People's care needs were met in a timely way. Changes to their needs were communicated clearly to the staff team. People were encouraged to maintain their hobbies and interests and set themselves goals and aspirations as part of their activity planning. People and relatives had access to information about how to make a complaint.

The registered manager had a visible presence in the home and promoted an open culture for both people and staff. People's views and wishes were listened to as well as relatives and all were given opportunities to contribute ideas and feedback about how the service was run. The staff were supported by the provider to carry out their duties effectively by being given suitable induction and ongoing training as well as regular supervisions and appraisals. The management team made checks to ensure that people's needs were met, and care was delivered in a safe and person-centred way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 13 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Yardley Fields on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Lonsdale Midlands Ltd - Yardley Fields

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority. We used information received from ongoing monitoring such as information received about the service and from the service. We used all of this information to plan our inspection.

During the inspection

We spent time in the communal areas to understand how people spent their day and how staff interacted with them. We spoke with three people living in the care home about their experience of care provided. We spoke with four members of staff including one care support worker, two team leads and the registered manager. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files to review recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two relatives who regularly visit the service about the care their family members received.

Why we inspected

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that systems were in place to monitor the safety of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Effective systems were in place to monitor and protect people from risk to their health and safety.
- Risk assessments reflected people's individual needs and were reviewed to show changes in need. Staff we spoke with were aware of risks for particular individuals and during the visit we saw that identified risks were considered in people's day to day care. One staff member told us, "[Person] can rush her food and needs support slowing down."

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe at Yardley Fields. Relatives we spoke with told us they felt confident that their family members were safe.
- Staff understood how to protect people from risk of abuse and when a concern had been raised with the management team, appropriate action had been taken to reduce the risk. The registered manager understood their responsibilities and had notified the Care Quality Commission (CQC) and the local authority of any relevant incidents.

Staffing and recruitment

- People were supported by sufficient staff on duty and no agency staff were employed. Staff told us they felt the staffing levels were suitable to meet people's needs, one staff member told us "Yes the staff ratio is right."
- Relatives told us that they felt the staffing levels were suitable to people's care needs.
- The provider completed pre employment checks for new staff to ensure that they were safe and suitable for the service. The staff team consisted of many longstanding members who knew the people's individual needs and risks well.

Using medicines safely

- Medicines were managed and stored safely at the service and people were receiving their medicines as prescribed.

- Systems were in place to monitor that medicines were being given correctly and checks were undertaken to identify any issues and improve the management of medicines.
- Staff had to complete competency checks before they were able to give people their medicines.
- Some people were prescribed medicines to be taken when they needed them, these 'as required' medicines are known as PRN. We saw PRN protocols were in place for these medicines to give guidance on when they could be taken. Staff were aware of these protocols.

Preventing and controlling infection

- Yardley Fields was clean and had a daily cleaning schedule.
 - Staff had access to personal protective equipment (PPE) such as gloves and aprons and were using them appropriately.
 - A previous inspection had found that the communal bath and shower room floor was damaged and in need of repair as it was difficult to clean. The bathroom had now been refitted and the flooring was new.
- #### Learning lessons when things go wrong
- Accidents and incidents were recorded and monitored. A system was in place to identify any themes or trends so that action could be taken to reduce risk of incidents happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they used the service and considered their physical, emotional and social needs.
- People's needs were assessed in detailed care plans that included information about how to support them at difficult times and triggers to possible distress.
- People participated in their care plans where possible with the aid of pictures and other visual aids.

Staff support: induction, training, skills and experience

- People were supported by staff who had received an induction followed by ongoing training relevant to their specific needs.
- The registered manager monitored staff training to ensure it was up to date with an online training system.
- Staff were knowledgeable about people's needs and could describe how they liked to be supported. Staff told us that they felt the training they received enabled them to fulfil their roles more effectively. One staff member told us, "I get enough training and support."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink by staff who followed guidance when it was appropriate around safe food preparation.
- People were offered choices around food options using pictures and in some cases by being shown the meal options to support them to choose something they preferred to eat.
- The weeks menu options were on a board in the kitchen and offered healthy food choices to help people maintain a healthy balanced diet.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies and professionals to ensure the best results for the people they were supporting.
- Examples of timely and effective support were observed during our visit. A staff member told us "[Person living in the home] kept saying they were fine, but I could just tell something wasn't quite right." A test the staff member requested had revealed an illness which required prescribed medicine, and the prescription was obtained that day.

Adapting service, design, decoration to meet people's needs

- People lived in a homely environment which met their needs and they told us that they were happy with their home. A relative said, "In the summer they will go out into the garden, I think [they] like the building, it is easy to get around where [they] want to go".
 - Pictures were used to illustrate who resided in each private room to help orientate them
 - People had easy access to all areas of the house as it was all on one level, and those who needed it could use adapted bath facilities and a walk in shower.
 - People had been involved in the choice of décor in newly decorated rooms.
- Supporting people to live healthier lives, access healthcare services and support
- People were supported to have access to a range of healthcare professionals to meet their needs.
 - Staff demonstrated a good knowledge of people's healthcare needs and systems were in place to ensure that they were kept up to date with any changes.
 - People had hospital 'passports' which could be used to help hospital and other medical staff make adjustments needed to offer effective care for people with learning difficulties.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's consent was sought before staff supported them, for example about how they wanted personal care, or what they wanted to do with their day. Staff supported people to make decisions for themselves and respected the decisions made.
- The registered manager had submitted DoLS applications to the local authority appropriately.
- Records relating to people's capacity showed how any decisions had been made and who was involved.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they were happy at Yardley Fields. One person said, "I really like it here, the staff are nice and they look after me." A relative told us, "[Staff] are brilliant, no faults!" Another said, "[Staff] are really good with all of them."
- People had built up strong relationships with staff and spoke with them affectionately. We observed staff treating people in a non-judgemental way and adapting to each individual's needs to ensure everyone was treated appropriately and respectfully.
- People's rooms were personalised to their needs and tastes. One person asked, "Have you seen my room they have done it beautifully?" The walls were decorated with pictures and mementos that were important to people. A 'sensory box' had been made for a person with specific sensory needs following the recommendation of an occupational therapist.
- People's religious needs were captured in their care plans but did not include information about people's sexual orientation. The registered manager agreed that this could be considered in future care planning.

Supporting people to express their views and be involved in making decisions about their care

- People were supported appropriately to express their views according to their ability. Relatives and professionals were consulted in making decisions, particularly for those less able to express their views clearly.
- Where possible people contributed to the review of their care plans. Relatives told us that they were invited to attend review meetings so that they could also assist in reviewing people's care.
- Staff were able to describe a number of ways to ensure that they could interpret a person's body language and facial expressions to help them make choices. We observed one person being offered a number of visual prompts to help them decide what to have for breakfast.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. People were free to enjoy the company of others or seek privacy and quiet time as they wished.
- During our visit we observed people eating meals at different times in accordance with their wishes.
- Care plans indicated what people were able to do for themselves and what they needed help with. We saw that people and were encouraged to have as much independence as possible.
- People were encouraged to take part in domestic activities that were suitable to their capabilities. For example one person was very proud to show their newly decorated room and told us that they had polished in there as part of their weekly activities .

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us that overall their care package was good. People told us that they liked to be involved in the planning of the weekly food menus, one person said, "I help do the cooking and sort the pictures out for the menu."
- People's care plans provided a good level of detail about their needs. People's individual likes and dislikes were detailed as well as their daily care routines. Staff were able to tell us about people's likes and dislikes. People were supported by a stable staff team who knew them well.
- People had daily, weekly and monthly activity plans, which were available to them as visual boards in their rooms. People were encouraged to think of the year ahead and about what they would like to achieve. One person told me with visible delight "I had a belly dancer for my birthday, it was great!" Staff told me that this person had expressed that this was something they had always wanted. Another person told us their goal was to go on holiday again as they had done the year before and how much they were looking forward to this.
- Relatives told us that they felt their family members received person centred care. One person said, "They know [person] down to a tee, [staff member] is their main keyworker but they all know [person] really well, they are all fantastic staff, we always have a laugh and a joke which is really important."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people living at the home had limited verbal communication. They used a combination of visual prompts, sensory prompts and body language to communicate. Staff had a good knowledge of effective ways to communicate in these circumstances and were able to describe specifically how they would know if people were distressed or feeling pain.
- Care plans provided full information about how staff could best support people to understand and communicate with staff so that they could express their views. Care plans contained pictures and large print to assist people in viewing and reviewing their own plans.
- Information about the service was available in a large print easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to participate in social activities. People told us about the activities they enjoyed, these included colouring, playing cards, knitting, baking, gardening, going out for a drink and playing bingo.
- People were supported to maintain social relationships and avoid isolation. A person attended regular church groups and told us "I have lots of friends." Communal events were held at homes managed by the same service to enable people to make new friends. One person told us they had made a good friend at another nearby home and was looking forward to meeting her for lunch.
- People were offered the opportunity to take day trips and visit local attractions. On the day we visited people went to the 'build a bear' workshop and were very excited to show their custom-made bears.
- A poster on the wall advertised an upcoming pancake day event and staff told us that a bar-b- que was planned when the weather improved.

Improving care quality in response to complaints or concerns

- A complaints procedure and policy were in place and an easy read complaints procedure was available.
- People had access to the provider's complaint procedure. People and relatives told us they knew how to complain, they had not felt the need to, but felt action would be taken if they raised a concern. One relative told us, "Communication is good, I can speak to [the registered manager] or the team leads, and if I wasn't happy I would go to [the registered manager's] manager or CQC, I had to do that in the past with [a previous care home] but I am glad not to have to worry about [my relative] now."

End of life care and support

- At the time of our inspection, no person was receiving end of life care. The registered manager was aware of the need to complete specific end of life care plans.
- Details of people's wishes around end of life care had been recorded in care plans in an easy read and picture format. Where people were not able to participate in this planning, relatives' input had been sought.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection it was identified that quality assurance processes were not always effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection additional checks had been introduced to monitor medicine management, and daily and weekly checks were now in place. All medications were accounted for on the day of the visit and checks were shown to be effective in highlighting errors that occurred. The registered manager had taken appropriate action where errors had been made to reduce risk of further mistakes.
- There was a clear management structure in place, the registered manager was supported by two team leads, who assisted with some of the quality assurance checks, such as the daily cleaning rotas. Staff were aware of their responsibilities and the reporting pathways in place.
- The registered manager demonstrated knowledge about people's care needs and the support each person was receiving.
- During the inspection it was noted that the registered manager had completed the provider information report, in which it stated that the service was supporting people with physical disabilities. The statement of purpose had been updated to reflect this, but the CQC had not been notified of the change.
- There was sufficient evidence to demonstrate that people with physical disabilities were being supported with adaptations such as an assisted bath, walk in shower, adapted chairs, wheelchairs and other mobility aids. The service was all on one level with no steps inside and doorways were widened. There were hand rails in the hall ways. Two people had adjustable beds to meet their needs. The registered manager attempted to speak with the provider on the day of the inspection about updating the statement of purpose but was not able to but gave assurance that this would be looked into as soon as possible.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us consistently that they felt supported and able to discuss concerns, one staff member told us. "I feel supported I can go to [the manager] and talk about things. I feel listened to as a member of staff"

- People's care was planned to meet their individual needs and preferences. People spoke highly of the registered manager. One person told us "[Registered manager] is ever so nice." A relative told us "[Registered manager] would listen and do something if I was worried about something." Another said, "I can't fault [Registered manager] either, I feel very reassured." A staff member told us "I can always go to [Registered manager] if I have any issues."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear about their responsibility with regard to duty of candour.
- Records indicated that when any incident or accident had occurred, the relevant people such as family, health professionals and the local authority had been notified.
- The registered manager was aware of their legal responsibilities and what they were required to notify the Care Quality Commission (CQC) of. Records indicated that they had done so appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, working in partnership with others.

- Surveys were given to people, relatives and professionals to seek their views on the service and how it could be improved. The provider also asked for feedback from the staff each year. Relatives confirmed that they were always invited to reviews. Written compliments from members of the public, a health care professional and a relative were also received.
- The service had good links with other homes and facilitated visits for people who wanted to see others and encouraged friendships that had developed.
- The registered manager and staff worked with a range of social and health care professionals. These included occupational therapists, general practitioners, the district nursing team and the speech and language therapy team. This ensured positive outcomes for people being supported by the service.

Continuous learning and improving care

- The service had systems in place to obtain people's and staff's views and used these to improve the quality of the care provided.
- The Registered manager showed us examples of action plans that had been put in place to help staff learn and improve from errors.