

Lonsdale Midlands Limited

# Lonsdale Midlands DCA

## Inspection report

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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

Lonsdale Midlands is a domiciliary care agency that provides personal care and support to 6 people living in their own homes or in supported living settings.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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.

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

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.

People were protected from harm and abuse as staff had the skills and knowledge to identify and report any safeguarding concerns. Risks assessments were completed to enable staff to support people in a safe way. People received their medicines as prescribed.

Assessment and care plan records were regularly updated and reviewed and gave staff guidance to support people in line with their preferences and choices. 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. People received support to maintain a balanced diet.

People were treated with kindness and dignity. Staff promoted choice and respect enabling people to be as independent as possible.

Staff worked well with each other and with other agencies to support people to receive consistent care. People and their relatives knew how to make a complaint and felt confident that concerns raised would be acted upon.

The registered manager understood their registration requirements and maintained good oversight of the service. There were effective systems in place to monitor the delivery of a good standard of care. The

registered manager worked in partnership with other organisations and people, their relatives and staff were engaged with the service to drive improvements and to provide good outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 24 October 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Lonsdale Midlands DCA

## 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 carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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.

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us. We needed to be sure the registered manager would be available to answer our questions and provide us with the information we required. Inspection activity started on and ended on 22 August 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We visited one person in their own home. We spoke with four relatives for their feedback about the service. We visited the registered office and spoke with the registered manager and the locality manager and we spoke with two support workers. We reviewed a range of records. This included three people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

# 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 as we could not be assured that people received their medicines in a safe way. At this inspection improvements had been made and this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Since our last inspection, policies and procedures had been reviewed to ensure medicines were managed in a safe way.
- Staff were trained to administer medicines and were subject to competency checks to monitor the on-going suitability of staff to support people with their medicine.
- Medicines were stored at the correct temperatures and medicine that had been opened were dated. These practices mitigated the risks of medicines becoming ineffective due to incorrect storage procedures or people receiving expired medication.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse as staff were aware of safeguarding processes.
- Relatives we spoke with told us that they felt reassured that their loved ones were safe. One relative said, "I have seen them [relative] with staff and I trust them [staff] all 100%."
- Staff had received safeguarding training and spoke with us about how they would apply their training in practice.

### Assessing risk, safety monitoring and management

- People had their individual risks assessed and plans were put in place to give staff clear guidance on how to mitigate risks.
- Staff knew people's risks well and told us the action they took to keep people safe from harm.
- Specific health condition guidance was in place. For example, where someone was living with epilepsy, there was information available to guide staff to support the person to manage their health condition.

### Staffing and recruitment

- Staff were recruited in a safe way. Disclosure and Barring Service (DBS) checks were used to enable the provider to make safer recruitment decisions.
- There were enough staff available to meet people's needs. Where necessary bank staff were utilised to fill staffing shortfalls. One member of staff told us, "We always use the same bank staff where possible as this provides consistency and familiarity for people who we support." A relative said, "There is always cover, [relative's name] needs support 24 hours a day so there is always enough staff to allow this to happen."

### Preventing and controlling infection

- Staff wore Personal Protective Equipment (PPE) to help alleviate the risk of the spread of infection.

- Staff had received training in the prevention and control of infection and the provider had policies and procedures in place that staff adhered to.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded by staff and themes and patterns were identified and reviewed by the registered manager.
- Learning points were shared at senior management level and cascaded to support staff to alleviate the risk of reoccurrence.

# 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 received a pre-assessment before they began using the service. The provider used a 'universal assessment tool' to understand people's holistic needs, wishes and choices.
- Care records were reviewed regularly, and changes were made where necessary to reflect people's changing needs.
- Staff shared information about people through a communication book and in handovers so they could continue to provide effective and consistent care for people.

Staff support: induction, training, skills and experience

- Newly employed staff had an induction before commencing their duties, which covered various aspects of working practices.
- Staff received additional training specific to meeting people's individual needs. For example, EpiPen training and the use and care of feeding tubes.
- Staff received regular supervisions which were used to discuss development and practice.

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

- People's nutritional requirements were met in line with their assessed needs.
- People were given choice at meal times and were encouraged to participate in preparing their meals to promote independence and enhance life skills.
- Where necessary, relevant health professionals were consulted to provide additional advice and support about people's dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked with other organisations to improve the quality of care that people received. Referrals to professionals such as social workers and psychologists were made in a timely way to improve outcomes for people.
- People had access to healthcare as required and were supported to make and attend appointments. Relatives told us they felt reassured that staff would deal with any health care concerns in an appropriate way.
- We viewed care records that contained action plans titled 'keeping me healthy' which included individualised support for when people became unwell.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff were aware of the principles of the MCA and provided people with support to make decisions about daily life choices. We observed this in practice during our inspection.
- Mental capacity assessments were completed to evidence where people lacked capacity to make certain decisions.
- Where best interest decisions had been made for people, relevant parties had been consulted.

# 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

- Staff treated people in a caring manner and we observed positive and engaging interactions between people and staff.
- Comments we received from relatives about the care and support people received included, "They [staff] are friendly. They understand and are totally aware of [relatives name] needs; they speak to [relative] like I would expect to be spoken to and they learn from [relatives] facial expressions to assess their needs", and "They [staff] are angels, they are lovely, nothing is ever too much trouble for them."
- Staff spoke fondly of the people who they supported. One staff member said, "I wanted to improve people's lives and help people and I feel that I can make a difference."
- The provider had an Equality, Diversity and Human Rights (EDHR) policy in place and records evidenced that people's diverse needs were considered and planned for.

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

- People were involved in the planning of their care. Care plans documented what was important to people and recorded people's preferences. This ensured staff were able to deliver care in line with people's choice.
- Review meetings were held with people and their relatives to discuss care needs. A relative told us, "We were consulted about [relative's name] care and we made some suggestions; these were implemented and they [relative] is really benefiting from this."
- Documents were formatted in line with people's communication needs to enable people to be actively involved in decision making processes.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they respected the privacy and dignity of people they supported, and we observed this in practice.
- People were observed spending time as they wished within their home environment. Staff respected people's wishes to spend time by themselves. A relative told us, "[Relative's name] has their own room and if they are tired they go to their room and to bed by themselves. They [staff] give them that space and check on them as and when."
- Staff supported people to remain as independent as possible. One staff member said, "We are aware of what skills people have and it would be so easy for us to take the easier options and do things for people, so we have to be mindful and encourage people to help themselves." A relative said, "They [staff] encourage them [relative] to dress and pop their shoes on; sometimes they can manage it sometimes they can't. Staff take them [relative] shopping and let them purchase things themselves by handing them the money."

# 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 received care that had been planned and delivered in a person-centred way. Staff demonstrated they understood the importance of treating everyone equally. One staff member said, "Everyone is different, what one person likes, someone else may not. We adapt to the individual and do not assume anything."
- Care plans reflected people's life histories, likes and dislikes and staff told us they used care plans to get to know people before providing support.
- Staff kept up-to-date with relevant information about people through completion of daily records which were then reviewed on a weekly basis.

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.

- The provider was aware of their obligations in relation to the AIS. People had information presented to them in a way they found easy to understand such as pictures.
- The provider had worked with the local authority to fund computer audio software for one person who was living with a visual loss to enhance their communication and understanding.

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

- Relatives we spoke with told us people participated in activities in line with their choices and preferences. One relative said, "[Relative's name] has been on lots of different trips." Another relative said, "There is always something [relative's name] likes to do, such as games and puzzles."
- Where necessary, people were encouraged to take part in activities that were purposeful based on individual likes and dislikes. People accessed a range of activities as well as education and work placements.
- People were encouraged to maintain social relationships. Families were seen to be visiting people in their own homes and people were socially engaged with their other housemates in supported living settings.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place.
- Relatives told us that they knew how to complain and had trust in the provider that complaints would be addressed.

- At the time of the inspection, there had been no formal complaints. The registered manager told us how they would respond to complaints in conjunction with their policy.

#### End of life care and support

- End of life wishes, and preferences were documented and respected. People had 'When I Die' documentation within their care plans and people and their relatives had evidently had input into the planning of people's end of life care.

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives spoke highly of the staff team telling us, "We have never been able to fault anyone, if they [relative] needs anything, staff will attend to it", and "[Registered manager's name] will listen and is approachable."
- The registered manager was committed to delivering a service that was person-centred and met the provider's values. The registered manager said, "We use person centred tools for all individuals and all outcomes for people are value based. The CEO's are each responsible for promoting one of our values and we have steering groups and values champions across the service putting people at the centre of what we do."

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 understood their responsibilities under the duty of candour. The registered manager told us, "We have not had to respond to anyone formally under the duty but we would if we needed to; we would be open, honest and transparent with people."

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

- The registered manager was aware of their registration requirements and submitted notifications to us in a timely way, as required by law. Notifications tell us about significant events that have happened at the service such as deaths, serious injuries and safeguarding concerns.
- The previous inspection ratings were on display at the registered office.
- There was a clear staff structure in place and people, relatives and staff were aware of the management delegations for the daily running of the service.
- Audits were completed as part of a robust quality assurance process. Where issues were identified, actions were taken to make improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were encouraged to feedback about the service through meetings and surveys.
- Staff had the opportunity to attend 'talk time' with the registered manager each month to discuss issues that were important to them.

- Staff were encouraged to contribute to the provider's publication that was issued every six months. The magazine promoted and celebrated the achievements of people and staff.
- People and their relatives had the opportunity to nominate staff for the provider's internal awards scheme. Staff from Lonsdale Midlands had celebrated success both at regional and national finals.

#### Continuous learning and improving care

- Information about the service was shared at senior management meetings as a mechanism of driving improvement from a managerial level down.
- The registered manager kept up-to-date with changes within the health and social care sector by using best practice initiatives.
- The registered manager sought advice and guidance from the provider compliance team to keep abreast of changes in policy and procedure.

#### Working in partnership with others

- The provider had developed good community links without outside agencies and organisations such as colleges and day facilities to improve care for people using the service.