Lonsdale Midlands Limited

51-53 Brierley Lane

Inspection report

51-53 Brierley Lane
Coseley
Bilston
West Midlands
WV14 8TU

Tel: 01902402103

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 18 July 2017 and was unannounced. At the last inspection the provider was meeting the regulations we inspected although we identified improvements were needed under the key questions of 'safe', 'effective' and 'well-led'. At this inspection we found most of these improvements had been made although some improvements were still needed to record keeping and quality assurance processes.

51-53 Brierley Lane is a residential home that provides accommodation and personal care for up to 12 adults or older people with learning disabilities and physical disabilities. Some people living at the service are currently living with dementia. At the time of the inspection there were 10 people living at the service.

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

Quality assurance systems did not always identify some areas for improvement within the service. Records were not always in place, up to date and accurate around people's care needs and the Mental Capacity Act 2005.

People were cared for by a staff team who felt supported and were committed to their roles. People's views about the service they received were proactively sought and improvements made where required.

People were supported by a staff team who understood how to protect them from potential abuse. People were protected from risks such as accident and injury. People were supported by sufficient numbers of staff who had been recruited safely for their roles. People received their medicines safely and as prescribed.

People were cared for by a staff team who had the skills required to support them effectively. People were supported to have choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received sufficient amounts of food and drink. People were supported to maintain their day to day health.

People were supported by care staff who were kind and caring towards them. People's dignity was protected. They were supported to make choices and to maintain their independence.

People received care and support that met their needs and preferences. People were involved in making decisions about their care they received and their needs were regularly reviewed. People were supported to access leisure opportunities and to pursue personal interests.

People's feedback about the service was sought. Any concerns or complaints were addressed appropriately

and improvements made where necessary.

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 a staff team who understood how to protect them from potential abuse and risks such as accident and injury.

People were supported by sufficient numbers of staff who had been recruited safely for their roles.

People received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

People were cared for by a staff team who had the skills required to support them effectively.

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

People received sufficient amounts of food and drink. People were supported to maintain their day to day health.

Is the service caring?

Good

The service was caring.

People were supported by care staff who were kind and caring towards them. People's dignity was protected. They were supported to make choices and to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People received care and support that met their needs and preferences. People were involved in making decisions about their care they received and their needs were regularly reviewed.

People were supported to access leisure opportunities and to pursue personal interests.

People's feedback about the service was sought. Any concerns or complaints were addressed appropriately and improvements made where necessary.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance systems did not always identify some areas for improvement within the service. Records were not always in place, up to date and accurate around people's care needs and the Mental Capacity Act 2005.

People were cared for by a staff team who felt supported and were committed to their roles. People's views about the service they received were proactively sought and improvements made where required.

51-53 Brierley Lane

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 17 July 2017 and was unannounced. The inspection team consisted of one inspector and an 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.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We looked at information contained in the provider's Provider Information Return (PIR). A PIR is a document the provider completes in advance of an inspection to share information about the service. They can advise us of areas of good practice and outline improvements needed within their service. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with six people who used the service. We spoke with the registered manager, and four members of care staff. To help us understand the experiences of people living at the service, we carried out observations regarding the quality of care people received. We reviewed records relating to two people's care and medicines. We also reviewed records relating to the management of the service; including recruitment records, complaints and quality assurance records.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "Nobody's nasty". Staff we spoke with were able to describe signs of abuse and how they would report any concerns they had about people. Staff were aware of how to whistle-blow if needed. Whistle-blowing is where staff may need to contact organisations such as the local safeguarding authority, the police or CQC if they had concerns about people. We saw the registered manager had reported concerns to the local safeguarding authority where appropriate and as required by law. Where needed plans were put in place to protect people from the risk of further harm.

People were protected by a staff team who understood the risks to them and how to reduce the likelihood of harm through ill health, accident or injury. Staff we spoke with were able to describe the risks to individual people living at the service and the steps they took to minimise the risk of harm. For example; staff understood risks including those related to medicines, pressure areas, equipment and nutritional risks such as choking. We saw risks were recorded in people's care and health records and appropriate professionals were involved to help keep people safe.

We saw there were sufficient numbers of staff in place to keep people safe during the inspection. Staff confirmed there were sufficient staff to protect people and to meet their basic care needs. Staff we spoke with felt they could be more proactive with the provision of person-centred care if they had more staff. This reflected what we saw during the inspection. We saw staff meeting people's basic needs and doing all they could to promote independence and provide activities. At times though when care staff were occupied with one to one or two to one support or when care staff were supporting people outside of the service, this limited the availability of staff to others. We also saw care staff were responsible for domestic tasks such as cooking and cleaning. We saw one member struggling to balance cooking duties with providing people support to eat. We raised this concern with the registered manager who confirmed staffing levels were calculated based on the number of care hours people received funding for. They confirmed they would review this and raise our comments with the provider.

We looked at how the provider ensured staff were recruited safely and were appropriate for their roles. The provider's PIR stated that recruitment checks were completed prior to staff starting employment. We reviewed staff records and confirmed that a range of pre-employment checks were in place and completed prior to staff starting work. We saw checks included identity checks, references and Disclosure and Barring Service (DBS) checks. DBS checks enable an employer to review a potential staff member's criminal history to ensure they are suitable to work with vulnerable people.

People received their medicines safely and as prescribed. People's medicines were stored securely in their individual bedrooms with staff holding a key. A staff member told us the medicines keys were held securely. They told us, "You're never to pass the meds key to anyone who isn't meds trained". We saw guidelines were in place to show staff how to administer certain medicines such as creams or medicines required on an 'as required' basis. Staff recorded the administration of medicines on Medicines Administration Records (MARs). The provider's PIR stated that there was regular assessment of competency and safe practice. We saw from

records that regular checks were completed to ensure care staff were managing people's medicines safely. We also saw the registered manager completing a competency check with staff around the administration of medicines as we arrived to begin the inspection.

Good

Is the service effective?

Our findings

Staff told us they had the training and support they required to be effective in their roles and to support people safely. One staff member told us about some recent induction training they had completed and said, "[Induction training] was interactive. Not just someone talking at you". The registered manager confirmed they were completing the Care Certificate with all new staff members. The Care Certificate is a nationally recognised standard for for staff skills and knowledge. We saw from training records that staff received a combination e-learning and face to face training. Their competency in the role was regularly assessed by the registered manager. Staff told us they received regular support and could ask for help and advice whenever it was needed. Staff we spoke with told us they could request additional training if needed and some were completing formal qualifications in health and social care. A staff member said, "The support is good. Here they want you to progress".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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.

We saw staff sought people's consent wherever this was possible.For example; we saw a staff member seek consent to wipe someone's face when they had struggled to do this independently. Staff we spoke with understood the MCA and could describe the basic principles. Staff knew how to make decisions in people's best interests if they were unable to make decisions or provide consent. One staff member gave an example of a person who was not able to provide consent to having a tooth removed. They described the process they went through to involve others such as healthcare professionals and representatives in order to make a best interests decision. Staff told us they always tried to enable people to make decisions where possible and to contribute to their care. For example; by using language and communication methods which they were able to understand in order to maximise their participation in their care and decision making. We saw examples of this during the inspection, for example staff using physical items when completing a care review to enable discussions. We saw when the person was not able to sign their review notes they took a photograph to add to the sheet. Where restrictions were in place that deprived someone of their liberty in order to keep them safe, the appropriate applications had been submitted to the Supervisory Body. Details of authorised applications were held within the person's care records.

People were supported to receive sufficient amounts of food and drink safely. Staff we spoke with could describe people's individual dietary needs and how they met these needs. We saw professionals such as speech and language therapists were involved where people had issues such as with swallowing. Plans were in place to ensure any risks to people associated with their diet were minimised. Where people required

adaptive equipment to assist with enabling their independence while eating this was in place.

The provider's PIR outlined how the service works in partnership with healthcare professionals in order to promote good health and support practices. We saw from care records that people had regular involvement with a range of health care professionals and staff were proactive in identifying any concerns about people's health. We saw during the inspection people attended appointments with their GP and staff consulted with optical professionals to resolve concerns about people's glasses. We also saw healthcare professionals had provided written compliments about the observations of care staff and the steps taken to help inform people's care needs. People's day to day health was protected and maintained.

Good

Is the service caring?

Our findings

People told us care staff were caring towards them. One person said, "Nice staff". The provider's PIR stated they have strong, positive relationships with the people they supported. We saw this reflected in the care practice we saw during the inspection. We saw positive interactions between people and the care staff supporting them. We saw care staff demonstrated genuine concern and care towards the people they were supporting. People responded to staff in a positive way and we saw examples of them laughing, joking and smiling with the staff team. Staff told us how they ensured people felt valued and important in their homes. One staff member said, "This is their home. Involve them, give them choices". Another staff member said, "You've got to listen to them. They've got needs and feelings". We saw care staff were aware of people's emotional well-being. For example; the registered manager and staff team were awaiting specialist equipment to support one person in mobilising outside of their bedroom. While they were awaiting this equipment care staff were aware of the need to spend an increased amount of time with the person and were taking steps to help prevent them from becoming lonely and isolated.

People were given choices about their care and how they wanted to spend their time. Staff we spoke with understood how to provide choices to people. A staff member told us, "[We] ask them what they want to wear and what they want to do". We saw staff offering people choices during the inspection. For example, we heard a staff member talking to someone about what time they wanted to go out for lunch and where they wanted to go.

People's privacy and dignity was protected by the care staff supporting them. Staff could describe how they protected dignity during personal care by shutting curtains and doors. We saw care staff taking steps to protect people's dignity during the inspection. For example, during mealtimes or when people showed signs of needing to use the toilet.

People's independence was promoted as far as possible by care staff. Staff described how they promoted independence by encouraging people to do as much for themselves as possible. We saw people were able to move freely around the service and were encouraged to access the community as frequently as they could. We saw staff taking steps to promote people's independence during the inspection. For example; we saw staff encouraged people who had capacity to count their own money and to make preparations to go out into the community.

People were enabled to maintain relationships with those who were important to them. We saw family member's were involved as far as possible in people's care. People were enabled to visit relatives and make telephone contact where appropriate. We saw two people who had lived at the service had recently passed away. Staff had supported people with their grief and acceptance of their loss. We saw a large photograph board was in place celebrating the lives of the people. People currently using the service were seen to use the boards. We saw a person touching the board and looking at the pictures during our inspection.

Good

Is the service responsive?

Our findings

People were enabled to make decisions about the care they received and were involved in the development of their care plans. The provider's PIR stated that where possible, people are involved in contributing to the assessment and planning of their care. We saw this reflected in the practice we saw during the inspection when we observed a review of someone's care. The staff involved ensured the person was able to participate as fully as possible and contribute to sharing their views and making decisions. The person was also enabled to have the food and drink they had chosen to enjoy during the meeting. We saw other people had influenced the environment their reviews were held in also, for example, by choosing a certain type of music to be played and the location. Staff we spoke with understood people's care needs and the individual preferences they had. We saw people were receiving care and support that met their needs and preferences. Where appropriate we saw relatives and other representatives were involved in care planning and supporting people living at the service.

The registered manager ensured care staff proactively reviewed people's care needs. Care staff we spoke with understood the importance of sharing any changes required in people's care. Regular reviews were held at a minimum of three monthly intervals and more frequently where required. We saw effective communication systems were in place to ensure care staff were kept informed about people's changing needs. For example, we saw a diary and communications book were in place which contained detailed information about people's changing needs, any concerns about equipment or people's health and any medical appointments that were taking place.

People were enabled to access the community and to participate in leisure opportunities where possible. We saw during the inspection people were able to make decisions about how they spent their time. People were free to move around the service and within garden areas where they were able. One person told us they liked darts and had a dart board in their room. Another person told us they enjoyed art and were enabled to go to a weekly art class. We saw care staff taking people out into the community and saw from people's daily records that various activities were completed; including going to the theatre, the pub or trips out to the shops. The registered manager told us how they wanted to expand the variety of activities available to people and was currently reviewing ways in which this could be done.

People told us they felt comfortable raising concerns with staff. People were encouraged to share their views around their care and the service they received. We saw where people had made complaints, these had been taken seriously by the registered manager. Complaints were investigated and responded to appropriately. We saw people's views were also sought through a variety of methods including their care reviews and feedback surveys. We saw that views were proactively sought from friends and relatives of people who used the service also. While most feedback received was positive, we saw that any concerns were responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found quality assurance and auditing process were not always identifying areas of improvement within the service. At this inspection we found improvements had been made but there remained some improvements to be made with record keeping and quality assurance.

We found the registered manager had not developed systems to ensure that records were always an accurate reflection of care received. We found that some care plans and risk assessments were out of date and needed to be revised although care staff did understand the current risks to people and the care they required. There had been some delay in developing care plans and risk assessments for a person who had recently moved into the service. While staff understood their needs the required care plans were not yet in place. We found appropriate decisions were being made in people's best interests under the MCA where required. However, capacity assessments and steps taken to make decisions in people's best interests were not always recorded. The registered manager acknowledged these areas of improvement and began to take steps to make these improvements following the inspection.

The provider's PIR outlined a number of audits and checks that were in place which we saw during the inspection. While we saw examples of effective auditing and quality assurance tools that did identify areas of improvement needed we did find further improvement was still required. For example; auditing systems had not identified issues with the monitoring of one person's weight. The most recently recorded instruction from healthcare professionals was that the person required weekly monitoring of their weight. Their weight record however showed this action was not being completed and that the person had lost weight. The registered manager immediately took steps to confirm this person's weight was now stable, they were not at risk and their nutritional needs had been met. We also saw systems had not identified that one person's repositioning was not always being completed in line with the requirements of their care plan. The person was not at risk, their skin was intact and staff were proactively monitoring the integrity of the skin. However, systems had not been effective in noting this improvement needed. The registered manager had begun to review how improvements could be made within 24 hours of the inspection being completed.

People told us they were happy living at the service. One person said, "I love it here…It's lovely. Happy". People told us they were involved in the service and plans for any changes were shared with them and discussed. People within the service knew the manager and responded positively to their presence. We saw the registered manager was visible within the service and had systems in place to proactively seek the views of the people living there.

The provider's PIR stated that the management team worked alongside the staff team. We saw this reflected throughout the inspection and saw that on the evening of the inspection, the manager was completing a 'sleep in' shift to support the staff team. Staff we spoke with told us they felt the service was well-led and the staff team were well supported. One member of staff said, "[The registered manager]'s good. You can just knock on the door and speak to her anytime". Another staff member said, "It's one of the most supportive companies I've worked for". Staff told us the culture was open and transparent and they felt able to raise concerns where required. A staff member said, "Things are brought up [at staff meetings] and [the registered

manager] tried to address these as best as she can".

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. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary. The management team were committed to improving the quality of service provided to people living at the service.