

Lonsdale Midlands Limited

Lonsdale Midlands Ltd - Yardley Fields

Inspection report

233 Yardley Fields Road
Stetchford
Birmingham
West Midlands
B33 8RN






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17 December 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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 17 December 2018. The inspection was unannounced.

233 Yardley Fields Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 233 Yardley Fields provides care and support for a maximum of five people. There were five people living at the home at the time of the inspection.

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

We last inspected 233 Yardley Fields Road on 25 November 2015 when we rated the service as 'Good' in all Key questions. At this inspection we found the service was rated 'requires improvement' in two of the five questions and rated 'requires improvement' overall. This was because we identified a breach of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. You can see what action we plan to take at the end of this report.

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

There were systems in place to monitor the quality and safety of the service provided. However, these systems were not always effective as they had not identified issues we found at our inspection. Processes in place to manage risk were not always consistently managed.

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met. People received support from staff to take their prescribed medicines as and when required.

Staff understood people's communication needs so people could be involved in aspects of their care. People were supported to have enough to eat and drink and to manage their health care needs.

People were supported to enjoy a range of activities. People were encouraged to maintain their independence and live active and fulfilling lives. People could maintain relationships that were important to them. Relatives we spoke with felt their family members was well cared for.

Staff were caring and treated people with respect. We saw people were relaxed around the staff supporting

them. It was evident that people had developed positive relationships with staff and there was a friendly and calm atmosphere within the home.

People were supported by sufficient numbers of staff who had the knowledge and skills they required to care for people safely and effectively. Staff received the support they needed to carry out their role.

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

Staff understood their responsibilities in relation to hygiene and infection control. There were systems in place to ask people their views about the service and to listen and respond to concerns about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

Systems in place for the management of risks to people were not always effective.

People were protected from the risk of abuse and avoidable harm because staff knew how to report concerns and processes were in place to support safe practice.

People were supported by sufficient numbers of staff that had been safely recruited.

People received their medicines safely from trained staff. People were protected from the risk of cross contamination because control measures were in place to safeguard people.

Is the service effective?

Good ●

The service was effective

People received care and support with their consent.

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

Is the service caring?

Good ●

The service was caring

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

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

People were supported to maintain and develop their independence where possible.

Is the service responsive?

Good ●

The service was responsive

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

People had the opportunity to engage in activities that were based on their interests and meaningful to them. People's diverse needs were recognised.

Systems were in place to listen and respond to concerns.

Is the service well-led?

The service was not always well led

Systems and processes in place to assess and monitor the safety and quality of the service had not always been effective at identifying where improvements were needed.

A registered manager was in post and staff told us that they felt supported in their role.

Requires Improvement 

Lonsdale Midlands Ltd - Yardley Fields

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 17 December 2018 and was unannounced. The inspection team consisted of two inspectors.

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

During our inspection we met with everyone who lived there. Some of the people living at the home were unable to tell us about the service they received. Therefore, we used a tool called the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also made general observations around the home. We also spoke with three relatives and two health care professionals.

We spoke to three support staff, two team leaders and the registered manager. We looked at records relating

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

Is the service safe?

Our findings

At our last inspection on 25 November 2015 we rated this key question as 'good'. At this inspection we found that improvements were needed to how some risks to people were managed. We rated this key question 'requires improvement'.

We saw that systems were in place to assess and manage risks to people. However, we found that these were not always managed effectively. For example, one person's risk assessment recorded a health condition which meant that they were at risk of eating non-food items (PICA). We saw the person's risk assessment was not being followed in practice. We saw the person was exposed to items that were a potential risk to the person. Staff that we spoke with told us that although the person's care records and risk assessments stated they had the health condition they had never seen the person attempt to eat non-food items since they had been living at the home. However, all the staff we spoke with knew that the person was also at risk of choking when they ate food and were aware of the risks in relation to this and knew that food needed to be prepared in a certain way. We raised our concern with the registered manager who took immediate action following our inspection and requested a reassessment of the person's needs from the learning disability specialist team to determine if they have the health condition or not. In the interim period they told us that the risk assessments were now being followed and they provided updates to us following our inspection.

Another person was at risk of putting too much food in their mouth and a risk assessment and guidelines written by the speech and language team (SALT) were available for staff to refer to. We saw from the care records that we looked at that the person had eaten some food items that had been identified for them as high-risk foods. We saw that the person had recently been assessed and staff had signed the guidelines to say they understood and would follow these, so we asked staff for clarification in relation to this. They were unable to explain to us why the person was able to eat food identified as 'high risk'. We spoke with the registered manager about this. During our inspection the registered manager contacted the SALT team for clarification. The registered manager told us that the SALT team confirmed that as long as the food item could be prepared in a way that was a safe texture for the person then the person was safe to continue to eat these food items.

We saw in the shared bathroom and shower areas that although cleaning had taken place the floor surfaces had become worn, torn and damaged in place which made cleaning difficult. The registered manager told us that they had previously reported this to the landlord of the property. They followed up on this again on the day of our inspection and they told us that new flooring would be provided by April 2019. We saw that staff had access to appropriate cleaning materials and person protective equipment (PPE) and we saw that this was used appropriately during our inspection.

We found that audits of medicines had not identified that there had been recording discrepancies, amendments and unaccounted medicine in the controlled drug record. These matters were brought to the attention of the registered manager and they told us that they would investigate the shortfalls. Following our inspection, the registered manager informed us of the outcome of their own investigation and advised that

action had been taken to minimise any future recording errors. We saw that people's care records contained guidance for staff about how people liked to take their medication. Medicines that were administered on an 'as required' basis had plans in place that gave staff the information they needed on how and when these medicines should be appropriately administered to people. The provider information return told us that staff were trained in giving medication and their competency was assessed. Staff that we spoke with and records we looked at confirmed this.

We saw that equipment such as specialist beds were in place and some people had airwave mattress to reduce the pressure to their skin. We saw records to indicate regular safety checks were carried out at the home for example we saw checks on, beds, hoists, bathing equipment and wheelchairs had taken place to ensure equipment was safe and well maintained. The provider had procedures to manage risks in the event of an emergency and ensure the emergency services understood what support people would need to evacuate the building in the event of a fire.

We saw from our observations that people looked happy, relaxed and comfortable around staff. Staff we spoke with were able to tell us what action they would take to make a person or situation safe. Staff told us they had received training in safeguarding and knew the different types of abuse. Staff we spoke with told us some of the signs they had been trained to look out for that would indicate that a person might be at risk of abuse and what action to take if they had any concerns about people's safety. Staff were confident that any concerns raised would be dealt with by the registered manager. A staff member told us, "If I was concerned about something I would let the manager or team leader know straight away." The registered manager demonstrated a good understanding of their responsibilities around safeguarding.

We saw that people were supported by sufficient numbers of staff. Most people required one to one support when leaving the home. The registered manager told us that there were flexible levels of staffing to make sure people could attend activities and appointments and rotas looked at confirmed this. We observed that staff had time to spend with people and were not rushed. The registered manager told us that they used no agency staff any unplanned staff absences was covered by the staff team working additional shifts. This meant that people were supported by staff that know them well. In addition to the registered manager there was two team leaders. The registered manager told us that this ensured a senior staff member was on shift most of the time. The provider also had an on-call service to support the staff team at evenings and over the weekend.

The registered manager told 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 staff's presence. The provider followed a recruitment and selection process to ensure staff recruited had the right skills and experience to meet the needs of people who lived in the home. This included carrying out a Disclosure and Barring Service (DBS) check and obtaining appropriate references. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Staff we spoke with confirmed they were not able to start work until all the required documentation had been received.

Records showed that incidents and accidents were recorded by staff and the registered manager monitored trends and patterns and took action as appropriate. For example, we saw that for a person that had fallen a referral had been made to assess the person's mobility and also to assess for any equipment that may be needed to reduce reoccurrence.

Is the service effective?

Our findings

At our last inspection on 25 November 2015 we rated this key question as 'good'. At this inspection this key question remains rated as 'Good'.

One person told us, "I would give the staff 20 out of ten." Another person told us, "The staff are nice".

Staff told us that they had received the training they needed to carry out their role. A staff member told us, "We do some training on line and some is face to face. We do first aid, moving and handling and mental capacity all face to face." Another staff member told us that they were doing a distant learning on end of life care. Staff told us that they had also completed training specific to the needs of the people they supported. For example, epilepsy and dysphagia awareness. The registered manager's training matrix showed that 95% of staff were up to date with the training they needed and plans were in place to ensure all required training was completed.

We saw that care planning was person centred and focussed on the likes and dislikes of people. 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 most people that lived at the home had lived here for a long time and that they knew people well and understood their care needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff all told us they had received training on MCA and DoLS and understood how to offer people information in a way that they could understand to help them make their own choices and gain people's consent. Staff told us they offer choices to everyone and where people aren't able to tell us their choices or preferences they made decisions in the person's best interests. Where decisions were made on people's behalf, best interest meetings were held with relatives, or representatives and the staff who supported the person to ensure the decisions made were in the person's best interests.

Staff respected people's right to refuse support, but balanced that right against ensuring any risks to the person's health were managed. One member of staff told us, "I would leave the person for a little while but if they kept refusing I would ask another staff member to offer help and if I needed to I let the manager know."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made DoLS applications and authorisation that had been received were

stored in each person's care records. The registered manager knew who the persons representative was and their role and records of any contact in relation to these were kept. The registered manager had a system in place to ensure that when peoples DoLS expired a new application was submitted in a timely way. We saw that any conditions in place were being met. The registered manager told us that for some applications that they had made they were still waiting on the Local Authority to complete the process. Some staff were unsure of who had had a DoLS authorisation approved. The registered manager told us that following our inspection they took immediate action on this and a staff meeting was arranged to discuss DoLS and additional staff training was to be provided.

People told us they enjoyed the food they ate. One person told us, "I like the food my favourite meal is when we have fish and chips. I also love a roast dinner on a Sunday." On the day of our inspection one person went out food shopping with staff to a local supermarket. One person told us, "I help with the menus and put the pictures up of the meals." We saw that there were weekly picture menus on display. We observed the midday meal. The mealtime was unrushed and staff were available to provide people with the support they needed to eat safely. We saw that some 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 or their food prepared in a certain way because they had problems chewing and swallowing their food. One person chooses to eat their meal in their bedroom and we saw that they were supported to do this. We saw that people were supported to eat and drink on a regularly basis throughout the day. We saw that people's weight was monitored to ensure that any problems with nutrition were identified quickly.

People had access to healthcare services where required. Records we looked at showed that people had annual health checks with their GP. People's healthcare needs were monitored to ensure any changes in their needs were responded to promptly. A relative told us that they were happy with how their family members health care needs were met. They told us, "They keep me informed about how they are, if they are unwell and any changes."

The premises were suitable to meet the needs of the people living there as it was an adapted bungalow and reflected the values that underpin the Registering the Right Support. The registered manager had ensured that specific equipment to enhance people's safety and wellbeing had been provided. For example, people had specialist beds according to their needs and chairs that were specifically designed for an individual. There were shared areas for people to access including a dining room and lounge. We saw during our inspection that people were able to make a choice about spending time with other people or choosing to spend time on their own in their own bedroom. The bungalow was accessible throughout. There was a garden which people told us that they enjoyed spending time in during the summer months.

Is the service caring?

Our findings

At our last inspection on 25 November 2015 we rated this key question as 'good'. At this inspection this key question remains rated as 'Good'.

During our inspection we saw that all people's bedroom doors were fully open and one person was sleeping in their bedroom. We saw that some people liked to go in and out of their bedrooms and two people were able to tell us that they preferred their bedroom door to be left open. When we spoke with staff about this they told us that they thought closing the door on people would make them socially isolated. The registered manager told us that they would ask people their preference and record this in their care records and ensure staff followed this in practice.

People were supported to maintain family and friend relationships that were important to them. One person told us that they would be meeting up with a friend later in the week and going out for a meal. A relative told us, "The staff seem very caring. They are all really nice and easy to talk to. They are friendly and welcoming when I visit [person's name]." Another relative told us that they were very happy with their family members care and that the staff were friendly and kind and understood the needs of their family member well.

We heard and saw some friendly chats and banter between staff and people. We asked staff their views about the care people received and they told us that people were well cared for and that the staff team were caring and worked well as a team. Staff told us about a person who had settled well into the home and that they were now doing things that they hadn't been able to do before. Staff told us that most staff had worked in the home for a long time providing continuity of care for people.

We observed that staff treated people with dignity and respect. We saw staff were prompt to adjust people's clothing, to respond to request for care and support, including attending promptly to people's personal care needs. Staff could tell us how they would promote people's privacy and dignity when supporting people with their personal care and we saw that people were assisted discreetly with their personal care needs.

We saw that people were well presented and were wearing clothes that reflected their age, gender, weather and their own individual style. A staff member had been out clothes shopping with one person and they described in detail how they had supported the person to buy the item of clothing that they wanted in a particular colour.

We saw that people were supported to maintain their independence where possible. For example, we saw that staff encouraged people to return their plates to the kitchen after a meal. One person told us, "I do help out. I look after my bedroom and do a bit of dusting".

People were able to decorate or furnish their bedrooms how they wished, according to their personal health and care needs. People had personalised their rooms with photos and pictures of family and friends around them. One person chatted to us about their interest in woodwork and proudly told us about the items they

had made that now took pride of place in their bedroom.

Is the service responsive?

Our findings

At our last inspection on 25 November 2015 we rated this key question as 'good'. At this inspection this key question remains rated as 'Good'.

People who could tell us told us that staff asked them about their care. Staff were able to tell us about people's individual needs, interests and how they supported people. A relative that we spoke with told us that their family member had improved a lot since that were living at Yardley Fields Road and they were happy and felt involved with their care. Another relative told us, "They [staff] keep me informed about [person's name]. I am very happy with the care."

We saw that each person had a care plan which identified their assessed needs and provided staff with information about how those needs were to be met. Overall, we found plans had been reviewed and updated regularly which ensured staff were enabled to meet and respond to people's changing needs. However, some people's care records required some updating and some reassessments to take place to ensure that information about risks to some people were clear. This was discussed with the registered manager at the time of our inspection and they told us of the actions they had taken to address this.

Some people could make their own choices about what they wanted to do and some people required a staff support to engage in hobbies and interest. One person told us, "I love to do my knitting and I go to a church club and bingo." Another person told us, "I like to go for a pint at the pub." They went on to tell us that they also enjoyed time in their room watching television. We saw that they were supported to do this and they told us that they were watching a film about a subject that was of interest to them. One person told us that they use to go to college but had decided themselves that they didn't want to go any more and chose to do different activities. People told us that they also enjoyed a mobility session and that was provided at the home by an external person and that a therapist also visited the home to provide hand and foot massage. Staff told us and records showed that people were supported to enjoy trips out to the local shops, meals out, theatre trips, sensory sessions and parks. And be part of the local community in line with the principles of registering the right support.

Staff told us communication was good in the home which supported them to promptly respond to people's changing needs. One member of care staff told us, "We have a handover at the start of each shift. We check the medicines, monies and any updates we need to know about people."

We looked to see how the service ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. We saw that people's communication needs were assessed, and some information had been put into different formats to ensure it was accessible to them. For example, we saw information had been provided in large print or a pictorial form. We saw that staff had supported people to express their views and choices in ways unique to them. For example, one person had been supported to express their views in this when

they moved from another care setting to their current home.

Two people that we spoke with were able to tell us what they would do if they were unhappy about something. One person told us, "I would speak to [registered managers name]." A relative told us, "I haven't had the need to raise any concerns about the home. But if I did I am sure my concerns would be listened to and dealt with." Another relative told us, "I have no concerns but if I did I could speak with any of the staff. [Person's name] would also let me know if they were unhappy and I know they are happy and well cared for at the home." The registered manager told us that they had received no complaints since our last inspection. We saw that the provider had a system in place for listening to and responding to complaints.

We saw that the home had supported people who were unwell and were receiving end of life care. We saw that care plans were in place which described how people wanted to be supported during the end stages of their life. We saw evidence that the registered manager and staff team had worked alongside community health care professionals. This ensured that people were able to receive the care they needed and remain in their own home surrounded by staff who knew and cared for them.

Is the service well-led?

Our findings

At our last inspection on 25 November 2015 we rated this key question and the overall rating for the home as "Good". At this inspection we identified that improvements were needed in some areas to ensure people receive care that is safe and that the home has effective quality monitoring systems in place.

There were systems in place to monitor the quality and safety of the service provided. However, these systems were not always effective as they had not identified some of the issues that we found at our inspection. The registered manager conducted checks and audits in a range of areas including people's medicines, care records, health and safety and infection control. This showed that although the provider had a system in place this was not always robust and effective. The system in place to assess and manage risks to people were not always managed effectively. The system had failed to identify that risk assessments were not always being followed through in practice. The system in place had failed to identify that people may need their needs reassessed to clarify their medical condition so that staff could provide the appropriate and safe level of care and support. The system in place had failed to identify that staff were fully understanding a person's safe eating guidelines provided by healthcare professionals. The system in place to audit medicines had failed to identify that recording errors and amendments had been made to the record of controlled drugs and that some medication had been unaccounted for. The evidence above showed that the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

It is a condition of the providers registration to have a registered manager in place. At the time of our inspection there was a registered manager and they had been in post for several years. They were open during our inspection and provided us with the information we requested during and following our inspection. They were clearly concerned about the issues we raised and told us that they would take immediate action to follow up on these and they provided us with regular updates on progress.

People who could tell us told us that they were happy living at the home. We asked one person what they would say to people about their home. They told us, "Move in it is a lovely place". We saw that the registered manager had asked relatives for feedback about the service and the results of these had been produced and no concerns had been raised. Relatives that we spoke with spoke very positively about their family members care and the caring nature of the registered manager and staff team.

Staff told us they liked working at the home and felt that they were well supported by the registered manager and team leaders. The majority of the staff team had worked there for some time. A staff member told us, "[Registered manager's name, is really supportive, you can ask them anything. They are also supportive with people's day to day care and make sure people get well looked after." Another staff member told us, "[Registered manager name] is approachable. They make sure we do our job well." Staff we spoke with were aware of how to whistle blow in the event they felt unable to approach their line manager.

We saw that regular staff meeting took place and meetings of these showed that discussions around safeguarding and health and safety were regular agenda items. Staff were also provided with feedback from

the providers general manager meetings so positive practice was shared across the organisation. We saw that learning from incidents and accidents had taken place had taken place. For example, we saw that following a recent medicine error a full investigation had taken place and learning from the incident had been shared with the staff team to prevent reoccurrence.

Registered providers are required by law to display the ratings awarded to each service on their website and in the home. We confirmed that the rating for 233 Yardley Fields Road was on display in the home and on their website. Showing this rating demonstrates an open and transparent culture and helps people to know the rating of the service they are using.

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

Records we saw showed the management team worked with other agencies to support the well-being of the people living at the home. For example, specialist services and health and social care professionals to ensure that the care they provided to people was in keeping with legislation and best practice guidelines. This included advice and support specific to physical and learning disabilities.

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

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager understood their obligation in relation to their duty of candour and could tell us their understanding of this regulation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to monitor the service were not always effective.