

Lonsdale Midlands Limited

# Lonsdale Midlands Limited - 290 Newton Road

## Inspection report

290 Newton Road  
Great Barr  
Birmingham  
West Midlands  
B43 6QU

Date of inspection visit:  
11 July 2017

Date of publication:  
03 August 2017

### 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

Our inspection was unannounced and took place on 11 July 2017.

At our last inspection in February 2015 the service was rated as good in all of the five questions we ask: 'Is the service safe?': 'Is the service effective?': 'Is the service caring?': 'Is the service responsive?' and, 'Is the service well-led?'

The home is registered to provide accommodation and personal care to a maximum of seven people. On the day of our inspection four people lived at the home. People lived with a range of conditions the majority of which related to learning disabilities or autistic spectrum disorder.

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

People knew who the registered manager was and they were visible within the service. Overall, quality monitoring processes, the use of provider feedback forms and meetings helped to ensure that service was being run in the best interests of the people who lived there. However, the provider had not taken action to maintain the premises to a reasonable standard and checks on the hot water supply had not been adequate to identify that hot water was not consistently available.

People told us that they felt safe. Systems were in place to prevent people from the risk of harm and abuse. One staff member to one person staffing levels ensured that there were enough staff to meet people's needs. Safe recruitment systems were in place to prevent the possibility of unsuitable staff being employed. Medicines were managed safely and in a way that ensured that people could take their medicines as they had been prescribed.

Staff were provided with the training that they required to ensure that they had the skills and knowledge to provide safe and appropriate care to people. Staff confirmed that they were adequately supported in their job roles. People received care in line with their best interests and processes were in place to ensure they were not restricted unlawfully. People were supported to have the food and drink that they enjoyed.

Relationships between staff and the people who lived at the home were positive. Staff were friendly, polite and helpful to people. People were encouraged to make everyday choices and they were supported to enhance and maintain their independence and daily living skills.

People needs were reviewed regularly to ensure that they could be met. The complaints system was well managed and was available for people and their relatives to use. A varied range of activities were available each day for people to engage in.

## 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.

Systems were in place that staff were aware of to keep people safe and prevent the risk of harm and abuse.

Medicines were managed safely and ensured that people received their medicines as they had been prescribed.

Recruitment systems prevented the employment of unsuitable staff.

### Is the service effective?

Good ●

The service was effective.

People and their relatives felt that the service provided was good and effective.

Staff were trained and supported appropriately to enable them to carry out their job roles.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which ensured that people were not unlawfully restricted and that they received care in line with their best interests.

### Is the service caring?

Good ●

The service was caring.

The staff were kind, caring and attentive to people.

People's dignity, privacy and independence were promoted and maintained.

Visiting times were open and flexible.

### Is the service responsive?

Good ●

The service was responsive.

People needs were reviewed to ensure that their needs could be met.

The staff knew the people well enough to meet their needs.

Complaints processes gave people assurance that complaints would be appropriately dealt with.

### **Is the service well-led?**

The service was not always well-led.

The provider had not taken action to maintain the premises to a reasonable standard. Checks on the hot water supply had not been adequate to identify that hot water was not consistently available.

A manager was registered with us as is required by law.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

**Requires Improvement** 

# Lonsdale Midlands Limited - 290 Newton Road

## **Detailed findings**

### Background to this inspection

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

This inspection was unannounced and was carried out on 11 July 2017 by 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.

We asked the provider to complete a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was returned so we were able to take information into account when we planned our inspection. We asked the local authority their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with four people who lived at the home, two relatives/ friends, three care staff, the registered manager and a senior manager. We looked at care files for two people, recruitment and training records for three staff. We looked at the processes the provider had in place to monitor the quality of service provided including, provider feedback forms that had recently been completed by people and their relatives.

# Is the service safe?

## Our findings

A person told us, "No staff have not hit or shouted at me. One person and me sometimes shout but that is okay". The Provider Information Return [PIR] highlighted, "Staff have access to the organisations and local authority, safeguarding policy displayed in the home. Easy read policy is displayed in the office accessible to staff, service users [people] and any visitor". We saw that these documents were available within the home as stated. Staff we spoke with told us that they had received training in how to safeguard people from abuse and how to report their concerns. A staff member said, "Oh yes, I would report any concerns of abuse immediately. I would not allow anything like that". Another staff member told us, "If I saw or heard that there had been abuse I would report it to the manager". The registered manager had previously reported to us and the local authority any safeguarding concerns as they are required to by law to help protect people from abuse.

A person shared with us, "Yes I feel safe here". A relative confirmed, "I have no concerns about [person's name] safety". A staff member said, "I think people are safe. There are enough staff for supervision to ensure safety". Records that we looked at confirmed that risk assessments had been undertaken and where concerns were identified referrals had been made to physiotherapy and other external health care professionals. This had been done to seek advice and guidance on how to prevent people from having accidents and minimising behaviour that may cause injury. We saw that incidents and accidents were documented well and were reported to a senior manager for monitoring.

The registered manager told us that equipment checks were undertaken to ensure safety. During the day an electrician visited and serviced the emergency lighting supply and fire alarm system. Records confirmed that weekly checks were carried out by staff on fire doors and the fire alarm system and that the lift had received a service. West Midlands Fire Service had undertaken a recent inspection and were satisfied that action had been taken to promote good fire safety within the premises.

A person told us, "There are always staff here". A staff member told us, "There are enough staff. All people have a staff member allocated to them all day to supervise them and take them out". Another staff member told us, "If staff are sick or on holiday other staff step in. We are never short. Today I am doing an extra shift". The registered manager confirmed that this was correct. We observed that staff were available at all times to supervise and assist people within the home and during the day people went out into the community with their allocated staff members.

A person said, "The staff help with my tablets and they are always on time". A relative shared with us, "I have been shown all the paperwork about their [person's name] medication". Staff told us and training records and certificates that we saw confirmed that staff had received medicine training and medicine competency assessments to ensure that they were safe to manage medicines safely.

We checked and found that medicines were stored safely in locked cupboards this prevented unauthorised people accessing the medicines. We saw that satisfactory ordering processes were in place. We looked at the medicines and Medicine Administration Records [MAR] for two people and found that their prescribed

medicines were available to give to them as prescribed and that the MAR had been completed appropriately. Some MAR highlighted that people had been prescribed medicine on an 'as required' basis. We saw that there were protocols in place to instruct the staff when these medicines should be given for example, if the person had pain. This highlighted safe medicine practice.

# Is the service effective?

## Our findings

A person told us, "I am happy." Another person said, "I like it here". Relatives confirmed that people received an effective service. Staff we spoke with told us that in their view the service provided to people was good.

A staff member shared with us, "I had a three week induction when I started. It was very good, better than other providers". Another staff member said, "I looked at care plans and shadowed other staff whilst getting to know the people". Staff files that we looked had evidence to demonstrate that induction processes were in place. The registered manager told us that they had introduced the nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

Staff we spoke with told us that they felt supported on a daily basis by the manager and their colleagues. One staff member said, "The manager is here in the week and there is a manager rota for other times. There is always someone we can call". Staff told us that they had supervision to discuss their role and performance and an annual appraisal. Records that we looked at confirmed this and highlighted that staff training and other needs were discussed during supervision sessions. Records also highlighted that if there were issues with staff performance this was dealt with formally through the supervision process and actions were determined for improvement.

A person said, "The staff are good". A relative told us, "I believe the staff to be properly trained to look after him [person's name]". Staff told us that they received the training that they needed and that they were able to do their job effectively. Staff training records that we looked highlighted that staff had received training and the communication book confirmed that refresher training had been secured for the coming months.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us that they could move around the home freely. A person told us that they did not feel restricted. We saw that people went into the kitchen and into their bedrooms when they wanted to. Staff we spoke with had knowledge of MCA and DoLS and all staff knew that they could not restrict any person unlawfully. The registered manager told us that all four people had a DoLS authorisation. We saw that approved DoLS authorisations on care files and staff knew the reason for those authorisations. This ensured that decisions that had needed to be made were in the person's best interest.

A person shared with us, "The staff ask me". We heard staff offering people choices about where they wanted to sit, what they wanted to do, and what they wanted to eat and drink. We heard staff saying to people, "Do



you want to go out"? and "Shall I help you [provide support] "? We saw that people smiled and said, "Yes" to confirm their agreement and consent with what staff had asked, or suggested.

A person told us, "I choose what I eat. I like the food. I am having cottage pie today I love that". Other people told us that they liked the food and each week they selected what they ate. The registered manager confirmed this and showed us the menus that people had chosen. We saw that there were picture cards with a range of meals and food products to make it easier for people to make food choices. There was a menu board in the dining area with the pictures of the food available for that day. We looked at food stocks in the kitchen and found these to be adequate.

At breakfast time we heard staff asking people what they would like to eat and drink. We saw that nutritional assessments had been undertaken to determine if people were at risk of malnutrition or obesity. Where people may be at risk of choking this was highlighted in their care plans. We saw that staff sat with some people whilst they were eating to ensure that they were not at risk of choking.

A person said, "I have my eyes done". Another person said, "I go to the doctor". A relative told us, "The staff sort out all of my son's health appointments and inform us of the results". An incident had occurred the week previously and staff had taken action to ensure that the person received the attention they required by telephoning the paramedics and then a follow up appointment with the person's GP. Staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective healthcare support. This included GP's, the dietician, occupational and speech and language therapists. This ensured that the people who lived at the home received the health care support and checks that they required. The Provider Information Return confirmed, "Each service user [person] has a health action plan, where all outcomes from appointments attended are recorded". We saw that health action plans were completed to highlight the health services that people had received and included an annual review of their health and well-being.

## Is the service caring?

### Our findings

A person shared with us, "The staff are nice". Another person said, "I like all the staff, they look after me". Staff told us that the home was, "Happy and friendly". The Provider Information Return highlighted, "The service delivery enables for a very homely environment with an approachable, attentive and patient staff team". We observed that interactions between staff and people were positive. We heard staff ask people how they were and also showing an interest in them.

We saw that the people who lived at the home were friendly towards each other. There was friendly banter and people showed an interest in each other.

A person confirmed, "I see my care plan with my key worker and I help with planning". Another person also told us that they had a say about their care plan. Where people had not wanted to be involved in their care planning this had been documented. Care plans that we looked at however, confirmed that people were very much encouraged to be involved in their care planning by the staff. This was to update on their preferred daily routines; getting up and going to bed; if they preferred a bath or a shower and when; how they wanted to spend their day; their general likes and dislikes and what made them happy. Staff we spoke with knew people's individual likes and dislikes and how they preferred their support to be delivered.

A person said, "They [staff] always knock the door if they want to come in my room". A staff member said, "We [staff] treat people with respect". Staff were able to give examples of how they promoted people's privacy and dignity. They gave examples of giving people personal space and ensuring doors and curtains were closed when supporting people with their personal care. We observed that staff ensured that toilet doors were closed when being used. This showed that people were treated in a polite respectful way.

A person said, "I choose my own clothes each day". Other people also told us that they chose the clothes to wear each day. We saw that people wore clothing that reflected their individuality such as tee shirts, jeans and training shoes. It was raining and when people were going out we heard staff suggesting that they wore a light coat. A person told us that they had their hair cut at a local barbers every three weeks. We heard staff complimenting people on their appearance telling them that they looked nice and how they liked their clothing. We saw that people looked pleased and smiled.

A person said, "I do lots of things myself. I take my washing and I make drinks". Another person told us, "I always dress myself". Staff we spoke with all told us that they only supported people do things that they could not do. A staff member said, "It is vital that people learn new skills and keep their independence". We heard staff suggesting to people that they take their washing to the laundry, help make their own breakfast and take used plates to be washed up after meals.

We saw that information was available giving people contact details for independent advocacy services. An advocate can be used when people may have difficulty making decisions and require this independent support to voice their views and wishes. Records that we looked at and the registered manager told us that one person had an advocate and that advocacy services were secured for other people on an as needed basis.

People we spoke with all told us that they liked having visits from their family. A person said, "I like it when [family member's name] comes to see me". Another person told us that they saw their family regularly. A relative told us that they visited every month. Staff confirmed that families could visit when they wanted to so that people could enjoy their company.

## Is the service responsive?

### Our findings

A person said, "The staff review me". A visitor told us, "My friend has thrived at Newton Road and I am involved in their care review". Another relative said, "I go to care reviews at the home each year". Staff told us that people's care plans were reviewed regularly. The care plans that we looked at had been reviewed and updated to ensure that they were current and reflected people's needs and wishes.

A person said, "I go out every day. I am lucky. I go to Blackpool and other places for my holidays". Another person told us, "The staff take me shopping whenever I want to go and swimming and bowling". A staff member told us, "People go out every day. They choose where they wish to go and what they wish to do. It is important that they go out as it prevents boredom and behaviours". People told us and records confirmed that they were encouraged to choose places that they wished to visit and staff made arrangements for them to go to those places. Other outings and holidays had included going to Devon, Western Super Mare, Skegness and the Safari Park. Staff had recently secured hydrotherapy sessions for one person. In-house people liked to watch television and bake cakes. A number of people took turns to work in the office with the registered manager and they told us that they liked to do that. A person told us, "I like gardening". We were shown 'before and after' photos of the garden. People had renovated the garden with the support from staff and had since tended it. The next plan was to purchase a greenhouse so that people could grow fruit and vegetables. This showed that people had the opportunity to engage in a vast range of activities that they enjoyed and benefitted from on a daily basis.

A person told us, "I go to church every Sunday and I like that". The registered manager and daily records confirmed that people who wished to were supported by staff to go to church. This highlighted that people were enabled to practice their religion as was their wish.

A person shared with us, "I made a complaint about my light, it wasn't working so I complained and it was fixed by maintenance. I also complained about the lock on my door being stiff and sticking which was fixed". The person showed us the light and the door lock, which were both in working order. A relative told us "I have never complained about Newton Road, but would know how to". We saw that a complaints procedure was in place in an easy read format. Easy read is when some text represented by pictures or symbols to ensure that it is easier to read. The registered manager told us, "Any issue raised I log a complaint that shows that we take things seriously and are open about issues". We saw that where people had raised issues they had been recorded, investigated and the outcome had been feedback to the complainant.

## Is the service well-led?

### Our findings

We saw that in many places the decoration of the home had not received the attention required. The surfaces under and around the hand-wash basin in the ground floor toilet room were warped and damaged, and the sealant around the hand-wash basin had shrunk away from the surfaces leaving gaps where bacteria could grow. Paintwork on skirting boards in the living/dining room, landing, ground floor toilet room and corridor, up the stairs and banister rails were also damaged through wear and tear. A corner of one wall in the kitchen was also damaged to the extent that the metal interior support was exposed. Ceiling tiles, paintwork and wall paper in many areas of the home, including bedrooms, was also damaged and discoloured. The registered manager showed us evidence to confirm that he had raised the issues regarding the decoration of the premises with senior managers, but to date the issues had not been addressed. This showed that the provider had not taken action to ensure that people lived in premises that were properly maintained.

We found that quality checks on the service had been undertaken regularly. These covered daily and weekly in-house checks and audits by staff from the provider quality team that included cleaning, health and safety, record keeping and medicine safety. We found that where issues had been identified corrective actions had been taken. For example, following a medicine error, new protocols had been implemented to prevent further incidents occurring. However, we found that the checks on the hot water supply had not been effective. We ran the water from hot taps in toilet rooms, bedrooms and bathrooms for at least two minutes and only cold water flowed. No water flow at all came from the hot tap in the first floor bathroom. The registered manager showed us recordings of hot water temperatures. These demonstrated that water from taps had been hot. However, the registered manager told us that this could be because the staff allowed the water to flow for four or five minutes before taking the temperatures. The registered manager agreed that in all probability the people who lived at the home would not let the water flow for long, which meant that hot water would not be available for hand washing as it should be to prevent ill-health, for example, after toilet usage, gardening, or other tasks.

People, staff and the relatives we spoke with told us that the service provided was good. A person told us, "It is good here". A relative shared with us, "It is a good service". Another relative told us, "I have no staff concerns and I have never come across a better home". All staff we spoke with told us that the service was good.

People, staff and the relatives we spoke with knew of the leadership structure in place. There was a registered manager in post who was supported by team leaders and the senior manager. A person said, "The manager is [gave the registered managers name], he is around a lot and I see and talk to him". We saw that the registered manager was visible within the service. We saw the registered manager engage with people. The registered manager asked people how they were and if everything was alright. A senior manager visited the home regularly to oversee how the service was being run and to ensure that people could speak with them if they wanted to. This manager visited during the day. They knew people's names and we saw that people confidently approached the manager and spoke with them. It was clear that people were familiar with the registered manager and senior manager. The registered manager had processes in

place to involve family and friends. For example, family and friends had been invited to a garden party that was due to be held the week after our inspection.

A new registered manager had been appointed since our previous inspection. A staff member said, "The new manager is very good. There have been a lot of positive changes. They put the needs and wishes of the people here first at all times". The registered manager was very enthusiastic about their role and the staff. They said, "The staff here are very good. They work well with all people". Staff told us that they had regular meetings where they were informed about any changes that needed to be introduced. Meetings highlighted that the registered manager thanked the staff for their hard work. For example, meeting minutes confirmed to staff about positive feedback from a recent West Midlands Fire Service inspection and from the provider's finance section about record keeping. Feedback to staff was, "Thank you" and, "Well done". Recognising the good work of staff promotes motivation within the staff team.

It is a legal requirement that the provider informs us of incidents that affect a person's care and welfare. The registered manager had ensured that we were notified of issues that needed to be reported. It is also a legal requirement that the current inspection report and rating is made available. We saw that there was a link on the provider's web site to our last report and rating and the report was also displayed within the service.

People told us that the provider had asked them to give feedback on the service provided. We saw provider feedback forms that had been completed by people and relatives. The overall feedback was positive and confirmed that people and relatives were happy with the service provided. Meetings were held for people who lived at the home every week so that they could tell staff if they were happy with the service provided or ask for changes. Minutes of meetings that we looked at highlighted that people were asked their views about outings, activities and menus. We found that issues raised in the meetings had been addressed. For example, in one meeting a person asked to go to a local airfield. The person told us that they had been to the local airfield and there were photos of the visit available.

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. The registered manager and staff were open and honest in their approach to our inspection by telling us plans for the home and where they felt improvements were needed. The registered manager told us and records confirmed that they had made the relatives of one person aware of an incident that had occurred the previous week and records that we looked at confirmed this. This showed that the registered manager promoted an open transparent culture.

The staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. A staff member shared with us "No worries, any concerns I would go straight to the manager. I would feel comfortable to do this and I know that the issue would be sorted immediately". We saw that a whistle blowing procedure was in place for staff to follow. Staff told us that they were familiar with the policy and knew what they should do if they had any concerns. The whistle blowing process encourages staff to report occurrences of bad practice or concern without fear of repercussions on themselves.