

Care UK Community Partnerships Ltd

Lonsdale Mews

Inspection report

Farley Way
Quorn
Loughborough
LE12 8XS

Tel: 03339992569

Website: www.careuk.com/care-homes/lonsdale-mews-quorn

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lonsdale Mews is a care home providing accommodation for persons who require nursing or personal care, and treatment of disease, disorder or injury. Lonsdale Mews can support up to 64 people. The service provides support to people living with physical health needs and conditions such as Dementia. At the time of our inspection there were 34 people using the service.

Lonsdale Mews is a specially built building. The service is split into four units. At the time of inspection three units were in use with plans in place to slowly open up the fourth unit. Each unit supported people with similar types of needs.

Each person had their own bedroom and ensuite facilities. Each ground floor room has its own patio. There were communal lounges, dining rooms, a café, cinema, activities room, hair salon and a garden people could use if they wished.

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

People were safe. Systems and processes were in place to safeguard people and protect them from the risk of harm and abuse.

People were supported by staff who had been trained and recruited safely. Sufficient numbers of staff were available and deployed to safely meet people's needs.

Staff were supported by staff who cared for them and treated them with respect.

Care provided was personalised and people were involved in planning their care. Staff knew people well and were responsive to their changing health needs, making referrals and seeking medical support when required.

The service was well-led. People and staff felt the registered manager was approachable and responsive. People, their relatives and staff felt listened to and felt able to raise complaints which had been dealt with promptly.

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

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

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

Why we inspected

This service was registered with us on 28 September 2020 and this is the first inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

Lonsdale Mews

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

An Expert by Experience also made telephone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lonsdale Mews is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lonsdale Mews is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with ten members of staff including the area manager, registered manager, chef, domestic staff, team leader, carer, activities co-ordinator and maintenance staff. We also spoke with the hairdresser.

We reviewed four care plans and risk assessments of people living at the service and medicine administration records.

We reviewed three staff files, and also a variety of policies, procedures and documents.

We spoke with two people living at the service and six relatives of people using the service to understand their experiences.

Following the inspection we continued to seek clarification from the provider to validate our findings.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. Two people living at the service both told us they felt safe at the service. All relatives we had spoken to felt their family members were safe and cared for by staff. One relative told us, "The home is safe and the staff are amazing."
- Systems and processes were in place to safeguard people from the risk of abuse. Staff were able to tell us what a safeguarding concern could be and advised they would share concerns with the registered manager. Safeguarding concerns were investigated and referred to the local authority as required.

Assessing risk, safety monitoring and management

- Risk assessments were in place. People's support needs and associated risks were assessed and reviewed on a regular basis. Information was available to support staff to understand how to monitor and manage risks to people safely.
- The environment was risk assessed. The registered manager undertook regular walk rounds of the service to identify any areas that could expose people living there to the risk of harm. Any areas that required improvement or repair were identified and the maintenance person worked to resolve any issues.

Staffing and recruitment

- Staff were recruited safely. We reviewed three staff files and found pre-employment checks including Disclosure and Barring Service (DBS) had been completed before staff commenced work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were sufficient. We reviewed staffing rotas which indicated staff were available to support people safely. The registered manager reviewed people's dependency levels regularly to ensure there were enough staff to meet people's needs. Four relatives told us they felt staff "had time" to spend with their family members, and staff were not rushing about.

Using medicines safely

- Medicines were safely administered. Staff received training and competency checks before they were able to administer medicines to people. Policies and procedures were in place to guide and monitor staff practice.
- Medicine administration records (MARs) were in place. All people had an electronic MAR with their photographs to ensure staff administered the correct medicines to people. Staff completed MARs and where there were gaps in recording, an explanation was provided as to why this occurred.
- Protocols were in place for as required medicines. Some people were prescribed medicines to be given on an as required basis. Information was available to staff about when and how to administer these medicines.

- Medicine stock was managed. We reviewed stocks of medicine for some people and found these were accurate. Staff were responsible for ordering medicines and had good links with the local GP and pharmacist to ensure medicines were available.
- Medicines were stored safely. Medicine room and fridge temperatures were taken and recorded on a daily basis.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People received visits from their family. The registered manager had relaxed visiting procedures in line with government guidance, and relatives no longer had to make pre-arranged appointments. A person told us, "I speak to my relatives and see them". This meant people's wellbeing was improving as they were able to see friends and family easily.

Learning lessons when things go wrong

- Lessons were learned. The registered manager recorded incidents and analysed what happened. This was developed into action plans where steps were taken to reduce risk and to take steps to ensure further incidents did not occur.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to admission. This enabled the registered manager to consider if a person's needs could safely be met at the service.
- People's needs were recorded. Care plans and risk assessments reflected people's physical, mental health and social needs. This included detailed care plans on people's oral health and hygiene. Information and guidance was available to staff allowing them to provide care and support safely in line with best practice.
- Equipment and technology enabled care to be delivered effectively. Call bell systems and pressure mats and sensors were used. This meant people could spend time alone in their bedrooms or in quieter areas of the service, but staff continued to be able to monitor people's health and safety. This promoted people's rights to privacy and independence.

Staff support: induction, training, skills and experience

- Staff were trained. Staff undertook a period of induction and training to equip them with knowledge and understanding of how to safely provide care and treatment. A staff member told us, "The induction was brilliant. It crossed over two weeks, lots of e-learning completed at home and I did two shadow shifts."
- Staff were supported to undertake training qualifications. Opportunities were available for staff to complete health and social care qualifications and develop their skills and knowledge. Specific training was provided if people developed health conditions or had specific needs.
- Staff received regular supervision. Staff told us they received supervision and felt able to ask questions and clarify things if they weren't sure. This meant staff were able to continue to develop their experience and skills, and support people's according to their preferences and wishes.

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

- People were supported to eat and drink. Healthy meals were prepared by the chef who knew people's dietary needs. Snacks and drinks were available between mealtimes, and each unit in the service could prepare light meals such as toast and soups during the evening for people who wanted anything.
- Mealtimes were calm and relaxed. We observed lunchtime at the service and found them to be social occasions enjoyed by people. People were encouraged to retain their independence but were supported and assisted by staff, who were patient and caring when needed.
- People had choice. Menu options were available each day, and people could request alternative meals if they did not want what was available. The chef told us how they had worked closely with one person using their own personal family recipe book to prepare and cook meals they previously enjoyed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People received effective care. Staff monitored people's health and raised concerns with senior staff. Contact was made with relevant health and social care professionals if there were concerns, and referrals were made in a timely way. One relative told us, "They [staff] recently contacted the GP because [person's name] was behaving unusually for [person's name]."
- People's health needs were discussed. Staff were aware of people's health and support needs, and information was shared in a number of ways. Information was recorded in communication books, and verbal handovers were completed between staff on day and night shifts. Daily meetings took place with the registered manager to ensure follow up action with health professionals had been taken.

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

- People personalised their bedrooms. We saw people had photographs and personal items around their rooms to make them more homely and familiar. Memory boxes, which contained items of personal relevance such as photographs and objects related to people's interests, were outside their bedrooms. This helped people living with dementia to locate their bedrooms more easily, and also provided an opportunity for staff to talk to people about their interests.
- Nostalgic items such as typewriters, cleaning items and clothing from the 1950s were around the service. These items were relevant and linked to the social histories of people living at the service. For people living with dementia, these items provided an opportunity for reminiscence and distraction if people became distressed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's mental capacity was assessed. We found appropriate MCA assessments and best interest decisions had been completed. Where DoLS authorisations were in place, we found the service was meeting the DoLS conditions.
- Staff sought consent. We heard staff seeking consent and offering choice before supporting people. Staff told us they could not force people to do things they did not want to. This meant people's liberties were not being unlawfully deprived.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were caring. We observed staff interacting with people in a warm and compassionate way. A person told us, "Staff are kind, caring and help me." A relative told us, "I get the feeling it's [caring] consistent and I don't get the feeling it's put on. There is some affection there, [person's name] matters to them."
- People were treated well. Staff were observed to be patient and calm when assisting people. A staff member told us, "It's all about the care here, and that's the way it is." Staff knew people well and provided care that did not discriminate against their protected characteristics such as gender or religion.

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

- People made choices about their care. People were encouraged to be involved in their care, and relatives were involved if family members could not express their views. A relative told us, "On many occasions [person's name] has tried to engage with conversations with staff, although it does not make sense. As health professionals they just know what they are doing, they listen and are very respectful."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. We observed staff seeking consent and permission from people before they provided support.
- People felt staff respected their privacy. One person said, "I can join in with activities, or I can sit in my room and read. It is the best of both worlds." One person told us, "I don't always feel like doing things, but I can stay in my room if I prefer." People felt staff respected their wishes and allowed them to be independent.
- People were able to be independent. One person told us, "I can be independent with the things I can be; staff help with the things I can't."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Person centred care plans were in place. People's physical and mental health needs, as well as their social, cultural and religious needs were identified. This meant staff had relevant information about people they were supporting which enabled personalised care to be provided.
- People and their relatives were involved in planning their care. Care plans contained detailed life histories and each person, if they wished, had a life story book also. For people who could not contribute to their life story book, families were invited to be involved in providing information and photographs to bring people's history, interests and experiences to life.
- Staff knew people. One person told us, "Staff are kind and know me." The hairdresser told us how they asked families for photographs of people's hair so they could style it in the way the person preferred. This meant staff had knowledge to adapt and deliver care in a way the person preferred.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication needs were documented. People's communication ability and needs were recorded in care plans. Staff were aware of which people needed glasses or hearing aids for example and assisted people to use them.
- Staff adapted their communication styles. A staff member told us how a person living with advanced dementia was struggling to communicate. Simple to understand communication cards were made to encourage communication and helped the person to continue to express themselves.
- Information could be adapted. Documents and information could be provided in easy read and large print formats to meet people's communication needs. This meant people were able to be included in making decisions about their daily lives.

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

- A full programme of events and activities were available. A passionate and enthusiastic team of activities co-ordinators worked closely with people to develop activities that were of interest to them. A range of activities, from gardening opportunities, pop up restaurants, to outside entertainers and tea parties were enjoyed by people.

- People were encouraged to pursue their interests and hobbies. The activities co-ordinators worked closely with people to understand their individual needs, as well as views of people as a collective. If people preferred one to one activity rather than group-based activities, these were offered and tailored specifically to people's interests and abilities.
- The service was integrated well with the local community. People were encouraged to be part of local projects such as the Platinum Jubilee celebrations with the local library. Charity fundraising events were also organised; for example, the service held its own Crufts show to raise money for a dog charity. People enjoyed these events which improved their wellbeing.
- Each person could make a wish. The activities co-ordinator listened to and documented anything people wanted to experience, see or do. The activities co-ordinators worked hard with local businesses and groups to then make people's wishes a reality.

Improving care quality in response to complaints or concerns

- Complaints policies and procedures were in place. Complaints were recorded and dealt with by the registered manager. Details of any complaints or concerns were investigated and analysed. Actions were taken to reduce the likelihood of incidents occurring again.
- People felt able to raise concerns. Some relatives had no complaints. Other relatives had raised issues with the registered manager, and these had been promptly dealt with.

End of life care and support

- People were supported at the end stages of their lives. People's wishes were recorded in advanced care plans which were easily accessible. One staff member told us, "We discuss [people's wishes] before they deteriorate. We talk to residents; we try to talk to families too."
- Staff were very proud of end of life care at the service. One staff member told us, "It's [end of life care] brilliant, and to be truthful it's my most favourite part of the job caring to the end. It doesn't just mean our residents, it's their relatives too."
- Communication occurred with district nurses. Staff worked closely with district nurses and GPs when it was felt people were at the end stage of their life. Where necessary anticipatory medicines were prescribed, and support was sought to make people comfortable in the end stages of their life.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture. The registered manager and staff worked hard to create a positive person-centred culture at the service. The registered manager completed walk rounds of the service and made themselves available to people living at the service and staff alike.
- Clear vision and values had been adopted by staff. The registered manager worked with the staffing group to create visions and values they worked to. Teamwork was key to providing passionate and person-centred care to people living in the service.
- The registered manager had an open-door policy. Staff told us they were able to approach the registered manager and management team if they had any concerns. Staff told us they felt they would be listened to and any concerns would be acted upon if it was necessary.
- Staff worked collaboratively as a team. Daily meetings with each department took place where information about people's changing needs, improvements required at the service and key events were discussed. Staff told us they were able to share their views and that the team worked well together.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was oversight of the service. Systems and processes were in place to allow the registered manager to maintain oversight. Concerns were identified and actions were taken to minimise risk and prevent further incidents from occurring again.
- Quality assurance measures were in place. Comprehensive monthly audits and analysis of incidents and accidents were undertaken to drive improvements at the service. This meant opportunities to improve the quality of care people received were taken.
- The registered manager understood their role. Notifications were submitted to CQC when appropriate, and safeguarding investigations were completed and shared with the local authority as necessary.
- Systems were in place to improve the service. The registered manager completed an analysis of all incidents and near misses which formed lessons learned documents. This information was shared with staff to help improve the quality of care and experiences people received.
- The registered manager was transparent. When things went wrong the registered manager understood their responsibility to share information with all relevant people. For example, if a person had a fall or was unwell this was shared with their family and health professionals. A relative told us, "They [staff] always let

me know when [person's name] is ill or unwell. I feel I have confidence in them, as I am notified promptly, to make me aware."

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

- Strong links with the community were well established. Local primary schools and groups were actively involved with the service and engaging with people who lived there. A local nursery group provided intergenerational mixing between the children and people who wished to be involved.
- Staff ideas were listened to. Staff felt able to contribute their ideas and worked closely with the registered manager and people living at the service to make changes. At the time of inspection an 'Over to You' staff survey was underway to gain staff feedback.
- People's views were sought. Feedback requests and surveys were regularly sent out to people and their relatives. Information gained from relative's meetings, managers surgeries and internet reviews were also considered. One person living at the service told us, "I feel I can talk to staff and raise any problems if I needed to." This meant people's voices were heard, and changes to make their experiences better could be made.

Working in partnership with others

- Partnership working was established. The service worked closely with health and social care professionals making referrals and sharing information to improve the outcomes for people living at the service. A staff member told us, "Relationships are really good with the professionals we work with."