

Lonsdale Midlands Limited

# Lonsdale Midlands Limited - 164 Walker Road

## Inspection report

164 Walker Road  
Walsall  
West Midlands  
WS3 1BZ

Tel: 01922400073

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08 August 2016

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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

This unannounced inspection took place on 8 August 2016. At our last inspection on 30 December 2013, we found the provider was meeting the requirements of the regulations we inspected. 164 Walker Road provides accommodation and personal care for up to four people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were four people living at the home.

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

People told us they felt safe. Staff knew how to protect people from the risk of harm or abuse, and of their responsibilities to report any concerns of potential abuse. Risks to be people had been assessed and staff were aware of how to support people safely. There were enough staff to meet and respond to people's needs. Recruitment processes were in place to ensure staff had appropriate checks before they began working at the home. People received their medicine as prescribed and these were managed safely.

Staff had the skills and knowledge to meet people's needs. Staff received regular one to one meetings and felt supported by the registered manager. People were supported to make their own decisions about their care and support needs. Staff obtained consent from people before they were provided with care. Assessments of people's capacity to consent had been completed and where required decisions made in people's best interest. People were offered a choice of what they would like to eat and drink. People's care needs were assessed and care was planned and delivered to meet those needs. People had access to healthcare professionals to ensure that their health needs were met.

People told us staff were kind. People felt comfortable to approach staff for support. Staff understood people's choices and respected their dignity and privacy when providing care and support. People were encouraged to be as independent as possible. People were supported to maintain relationships and relatives were welcomed at the home. People were supported to take part in a variety of different interests and hobbies. The provider had a system in place to respond to people's complaints and concerns.

Staff said the home was well managed and the registered manager approachable. The provider had effective quality audits systems in place to monitor the quality of care people received. This included gathering feedback from people, relatives and staff.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe. Staff understood their responsibility to protect people and report any potential harm or abuse. Risks to people had been assessed and were managed safely. People were supported by sufficient numbers of staff. Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People received care from staff that had the skills and training to meet their needs. People were supported to make their own choices and decisions. Staff understood their responsibilities to protect people's rights. People were supported to have enough food and drink. People had access to healthcare professionals to meet their health needs.

### Is the service caring?

Good ●

The service was caring.

People told us staff were kind. People felt comfortable approaching staff for help. Staff respected people's dignity and took into account people's preferences and choices.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning how they were supported and cared for. Staff knew people's likes and dislikes. People were supported to choose how they spend their time and were supported by staff to pursue their interests. People were supported to maintain relationships that were important to them. Staff knew how to raise concerns on behalf of the people they supported.

### Is the service well-led?

Good ●

The service was well-led.

Staff spoke positively about the leadership and approachable nature of the registered manager. People were supported by staff who understood their roles and responsibilities. The provider had effective quality audit systems in place to monitor the quality of service people received.

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# Lonsdale Midlands Limited - 164 Walker 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 took place on 8 August 2016 and was unannounced. The inspection was conducted by one inspector.

We looked at the information we held about the service. Before the inspection, the provider completed 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. We looked at any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries. We also contacted the local authority who purchase care on behalf of people to ask them for information about the home.

During our inspection we spoke with two people who lived at the home, two members of staff and the registered manager. We used 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 reviewed the care records for four people, to see how their care was planned and looked at medicine records. We also looked at staff records and records to monitor the quality and management of the home, including infection control and audits premises checks.

# Is the service safe?

## Our findings

People were unable to tell us any details about if they felt safe. However one person said, "Like it here, yes I feel safe." We saw people were comfortable to approach staff and the registered manager if anything concerned them and saw staff spent time with people to reassure them if they were worried about something.

Staff were knowledgeable about how they would recognise signs of potential abuse or harm. One member of staff told us, "We are here to protect and look after people. I would protect people by reporting any concerns I had to the [registered manager] if it was the [registered manager] I had concerns about I would report to the head office." Another member of staff commented, "There are different types of abuse including person to person, I would report it straight away and document what I saw." Staff told us they were confident the registered manager would take action if any concerns were raised. They explained if they felt appropriate action was not being taken they would report concerns to CQC or the local authority. The registered manager had a good understanding of their responsibilities to keep people safe; and records we looked at showed they understood their responsibility to refer any allegations of abuse or harm to the local safeguarding team.

People's risks were known by all staff. This enabled people to spend time away from the home and partake in their chosen interests such as walking and traveling on public transport. We spoke to a member of staff and they explained to us about one person who was sensitive to noise. They explained the actions they took when they accessed the local community. For example not travelling at peak times on public transport. We looked at their risk assessment and saw information was detailed, environmental factors had been considered that could cause a risk to the person. The provider had considered areas which might make the person anxious and put measures in place to ensure the person remained safe. We looked at the records for this person and saw it contained guidance for staff to refer to and information had been updated and reviewed regularly to ensure staff continued to meet people's needs appropriately. We saw the staff provided care as directed in the risk assessment.

Incidents and accidents were recorded in detail and reported appropriately by staff to the registered manager. Where incidents had occurred we saw the registered manager reviewed the information to minimise the risk of a re-occurrence. For example, one person became distressed at particular situations, we saw the registered manager had taken action to ensure the likelihood of it happening again was reduced by reviewing staff rota's and monitoring the person's behaviour for a period of time to identify any triggers. The registered manager added information about incidents and accidents to the provider's computer information system this was used to identify any trends or patterns which would improve the quality of care people received.

We observed staff were able to spend time with people supporting them to partake in different interests or daily tasks. One person told us, "Staff always about to help." One member of staff told us, "I feel there is enough staff to support people. We do a lot of different things and we have enough staff to meet people's needs." Staff told us they would cover shifts for each other in the event of sickness or annual leave so people

had continuity of support. We saw that there was sufficient staff on duty to assist people with their care and support needs throughout the day.

A staff member we spoke with told us they attended an interview and had pre-employment checks completed before they started work at the home, including a Disclosure and Barring Service check (DBS) and reference checks from previous employers. DBS checks help employers reduce the risk of employing unsuitable staff. Recruitment files were not available on the day of the inspection as employment checks were completed by head office and the registered manager was informed once all checks had been satisfactorily completed.

People received their medicines as prescribed. One person confirmed they were happy with the way staff supported them to take their medicine. We looked at Medicine Administration Records (MAR) and saw staff updated people's records when medicines were given. Some people had medicines that they took only when required. We saw that there was guidance in place to support staff in the administration of these. Staff that gave medicines told us they had received appropriate training and their competency to administer medicines was checked by the registered manager. Where people were supported with topical creams we saw records indicated they were applied as prescribed. We saw medicines were stored appropriately to keep them safe and safely disposed of when no longer required or in use. This showed people's medicines were managed safely.

## Is the service effective?

### Our findings

One person told us they thought staff met their needs well and were happy with the way they were supported. They said, "Staff look after me well." One member of staff said, "I know people well and have the skills to meet their needs." Staff said they had access to training courses which developed their skills and enabled them to be effective in their job. For example, one member of staff explained they had recently completed training in conflict management. They said this provided them with the skill to manage potentially difficult situations to ensure people remained safe.

Staff explained what induction new staff received when they started to work at the home. One member of staff said, "I shadowed experienced staff when I first started, to get to know people and what you have to do." They also said that the registered manager checked their competency to ensure they were providing care safely for example medicines. Staff told us they had regular one-to-one meetings, appraisals and team meetings with the registered manager. They said that they felt confident to discuss any concerns they had during these meetings and that they were provided with feedback on their performance by the registered manager. One member of staff said, "I have regular supervisions and receive support when required from the [registered manager]." Staff told us they felt everyone worked well together and were able to discuss any issues they had during either of these meetings. One member of staff said, "I enjoy my job, we work as part of a team." This showed people received care from staff that had the skills and support to meet their needs.

We saw that staff sought people's consent before providing them with care or support. Staff we spoke with were able to explain how people who did not use words to communicate would agree or refuse care or support. Staff explained they understood people's response through the sounds or gestures they made. We saw staff asking people for their consent and allowing time for people to make choices and respond. One member of staff told us, "If a person did not consent to me helping them I would encourage them, if they still said no I would leave them and try again later; I would inform the registered manager."

The Mental Capacity Act (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. We found capacity assessments had been carried out to assess whether or not people lacked capacity to make certain decisions and these were recorded and shared with staff. Staff we spoke with understood the principles of the MCA and had a good knowledge how to support people who lacked capacity to make certain decisions and knew how to support people to make decisions in their best interest.

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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that all the people currently living at the home had DoLS authorisations in place and the registered manager had a good understanding of their responsibilities in relation to these. Staff we



spoke with understood and were complying with the conditions applied to the authorisations to ensure people remained safe.

People we spoke with told us they enjoyed the food provided. One person said, "I choose toast and cereal, it was very nice." We saw people eating their meals and saw that the atmosphere was relaxed and friendly. We saw food and drink was readily available throughout the day and people were encouraged to make their own drinks and snacks with the support of staff if required. Menus were planned with people and pictures were available to show people what was available. Staff said that people could choose an alternative meal if they did not like meal choice available. People were supported by staff to have a balanced diet to stay healthy and we saw fruit being offered to people as an alternative snack. People living at the home did not require special diets such as softened food although one person had halal food prepared. This showed that people received a choice of food and drink and were encouraged to have a balanced diet.

People had access to healthcare professionals as required. We looked at four people's healthcare records and saw that appointments with healthcare professionals were recorded. This showed that people attended appointments they needed to stay healthy. We saw evidence of advice being recorded from different healthcare professionals such as doctors, chiropodist and opticians. We saw that staff were provided with clear guidance on what actions they would need to take in order to meet people's individual health needs.

## Is the service caring?

### Our findings

People told us staff were kind and caring. One person said, "[Staff] are nice to me I like them." We saw people had good relationships with the staff that supported them and saw that people were happy to approach staff throughout the day. Staff interacted with people in a friendly manner and we saw staff taking time to explain things to people offering choice and ensuring their understanding. On a few occasions we saw a person who became anxious. We saw staff spent time with the person providing re-assurance and re-affirming to the person everything was alright. Although the person continued to seek re-assurance, staff took practical action to reduce their anxiety by re-directing the person to do things that interested them.

We saw staff understood the different ways people communicated and, responded to people's requests quickly. Staff were friendly and approachable and we saw people responded positively to staff. For example, involving staff in what they were doing. Staff we spoke with were able to tell us in detail about people's needs, likes and dislikes. They said that they worked closely with people to ensure they understood how people liked to be cared for and what was important to them. We saw staff sought people's views and involved them in making choices about their care and day to day decisions, such as how to spend their time. Information was given to people in a way that they understood for example using pictures, simple words or offering people a couple of choices for them to pick from. One person showed us their bedroom we found it to be decorated to reflect their personal choice and interests. The room had various personal items which were important to them. People told us they could get up and go to bed when they wanted. One person said, "I choose when I get up. I chose what clothes I wear."

People's independence was promoted. We saw people were encouraged to develop their daily living skills for example, personal care, tidying their room and laundry tasks. We saw staff offer encouragement to people to complete tasks on their own for example, we saw one person prepare a drink and sandwich to take with them while they undertook activities outside the home. Staff we spoke with said they provided support to people when it was needed but said that they understood the importance for a person's well-being to undertake tasks independently. One member of staff told us about a person who enjoyed having a bath, they said the person chose which staff they wanted to support them and that the staff supported only when needed. This showed that staff understood the importance of maintaining people's independence.

People were supported to maintain relationships with friends and family members. One member of staff told us, "Friends and family are welcome to visit at any time." We saw some people enjoyed regular visits home to see their family. The registered manager showed us pictures of a person's recent birthday party they enjoyed at home with their family. We saw where possible relatives were involved in activities or events with their family members and saw staff promoted people to maintain relationships with their friends and family.

Staff promoted people's dignity and privacy. Some people had keys to their own rooms to secure their bedroom for privacy. We saw when staff wanted to speak with people in their rooms they knocked on their doors before entering. One member of staff we spoke with said, "I always knock on people's doors before going into their room and make sure [people] are happy with the care I provide." This showed people's

dignity and privacy was respected.

## Is the service responsive?

### Our findings

People were involved in the planning of their care. One person told us, "Staff talk to me about my care." We saw people received consistent care and support from staff that was responsive to their needs. We saw that each person had a key-worker who worked with them to develop their care plan. Staff said any change in a person need was reported to the registered manager and shared with staff at handover between shifts. Care records we looked at were personal to each person and they contained information about people's individual needs and guidance to staff about how to support people. Care and health needs records were regularly reviewed with people and updated when needs changed. This showed that the provider had processes in place to ensure they were responsive to any change in people's needs.

The day was organised around people's individual needs and interests. People were involved in planning and deciding what activities they wanted to engage in and we saw staff accommodated their wishes as much as possible. The home had a vehicle which meant people could access places more easily. We saw people enjoyed a number of different social and recreational pursuits for example, one person enjoyed going out for walks and also undertook voluntary work. Another person enjoyed attending a day centre during the week. We saw people also enjoyed a number of different trips and holidays which had been arranged following discussion with them. We saw people took part in various activities within the home such as listening to music, watching DVDs or completing word or number activities. This showed that people had access to a range of different activities to support their varying interests.

Some people at the home would be unlikely to be able to make a complaint due to their level of understanding. Staff we spoke with explained they knew people well and would know if they were upset about something. One member of staff said, "If someone was unhappy I would speak with the registered manager." Staff told us they would raise any concerns with the registered manager or provider. They said they felt confident any issues would be dealt with appropriately. The provider information return (PIR) stated the registered manager has spoken with people's relatives and provided them with a copy of the complaints procedure. They have also said they were happy to discuss any concerns that they might have about their relatives care or service received. We saw that the complaints policy was displayed in the entrance hall and we saw that there was a clear system in place to address any concerns. The registered manager said that they had not received any complaints since the last inspection but if they did they would be welcomed and addressed appropriately.

## Is the service well-led?

### Our findings

People told us they were happy living at the home. Staff we spoke with were complimentary about the registered manager and said the home was well managed. One member of staff said, "The [culture] of the home is open and transparent the registered manager is very approachable and always available for advice or support."

The management structure was clear within the home. Staff told us they felt supported by the registered manager and were aware of their roles and responsibilities. They said the registered manager communicated well and listened to their views. The Provider Information Return (PIR) stated that staff meetings occurred either monthly or bi-monthly and supervisions took place bi-monthly or more frequent if needed. Staff we spoke with confirmed this they said they had regular one to one meeting with the registered manager and these provided them with the opportunity to discuss individual concerns, training or their individual performance. They said they felt listened to and any issues they had the registered manager addressed quickly. Staff were aware of the provider's whistle-blowing policy, including raising concerns to external agencies if required. Whistle-blowing means raising a concern about a wrong doing within an organisation. The registered manager demonstrated a good knowledge of the people living at the home, staff members and their responsibilities as registered manager. This included the requirement to submit notifications to CQC when certain events occurred; for example, serious injury.

Before our inspection we asked the provider to send us a Provider Information Return (PIR), this is a form we ask the provider to complete about the service they provide. This form was returned to us on time and was completed appropriately. The information provided was consistent with what we found during the inspection for example, new staff were given the time to complete their training and people were supported by a sufficient number of staff.

We found the provider had systems and processes in place to audit effectively the quality of care people received. Audit records we looked at were detailed and gave opportunity to record areas of concern and the action taken. These included infection control and health and safety audits. We found there were systems in place to identify, assess and manage risks to the health and welfare of the people living at the home. We saw safeguarding, incidents and accidents were recorded and monitored for trends and patterns to inform how risks were managed. The provider developed improvement plans when required. This meant the provider had systems in place that monitored the quality of the service people received. We saw that people, relatives and staff's opinions mattered. Questionnaires were used to gain people's feedback and information analysed to review or improve the quality of care people received. We looked at the results of the questionnaires and saw people were happy with the level of support they received from staff. This showed that people were able to share their views about the service they received.