Lonsdale Midlands Limited

51-53 Brierley Lane

Inspection report

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

Tel: 01922262121

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 30 June 2016 and was unannounced. At our last inspection in April 2014 the provider was compliant in all the areas inspected.

51-53 Brierley Lane is registered to provide accommodation and personal care to a maximum of 12 people with learning disabilities. At the time of the inspection there were 12 people across two separate buildings. The buildings were identified by people as 'number 51' and 'number 53.'

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. However, as the registered manager was unavailable on the day of the inspection, the deputy manager answered any questions we asked and provided the documents we needed to view.

Risks were not always managed in order to keep people safe. Systems to ensure that people could call for staff assistance from their room were not used. Where people received support with medication, accurate records of what medication is available was not kept.

People were supported by sufficient numbers of staff who had undergone recruitment checks to ensure they were safe to work. Staff understood how to recognise and report concerns about abuse.

Staff received training to support them in their role but reported that this did not equip them to support people effectively. Staff had access to supervision with their manager to receive the support and guidance they required.

People did not always have their rights upheld in line with the Mental Capacity Act 2005. Staff were not fully aware of who required a Deprivation of Liberty Safeguard and why.

People were supported to choose what meals they would like on the menu and had access to healthcare support where required.

Staff were caring and ensured people were involved in their care and were treated with dignity. The deputy manager understood how to access advocacy services for people.

People were involved in the assessment and review of their care. People were supported by staff that knew their likes and dislikes and had access to a variety of activities.

People knew how to complain and complaints made had been investigated fully by the registered manager to people's satisfaction.

Quality assurance audits were completed but these had not identified the issues we raised during the inspection. People were asked for their feedback on the service via provider questionnaires.

People spoke positively about the leadership at the home and staff felt supported by the registered manager.

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.

Risks were not always managed to keep people safe. People did not have means to call for staff support when in their own rooms.

Medication records did not record the balances of medication available for people.

There were sufficient numbers of staff available to support people.

Is the service effective?

Requires Improvement

The service was not always effective.

People did not always have their rights upheld in line with the Mental Capacity Act 2005.

Some staff did not feel the training provided was effective in equipping them with the knowledge to support people.

People were not given choices at mealtimes but had been supported to eat independently.

Is the service caring?

Good

The service was caring.

People told us that staff were kind and treated them with dignity.

People were supported to be involved in their care.

Advocacy services were made available if required.

Is the service responsive?

Good

The service was responsive.

People were involved in the assessment and review of their care.

People were supported to take part in activities that they enjoyed.

Complaints made had been investigated fully by the registered manager.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance audits had failed to identify the issues we raised during the inspection.

People spoke positively about the leadership at the home and staff felt supported.

People were asked to give feedback on the service via questionnaires in order to gather feedback on people's experience of the support they receive.

51-53 Brierley Lane

Detailed findings

Background to this inspection

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

This inspection took place on 30 June 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. Experts by experience are people who have personal experience of using or caring for someone who use this type of care 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 reviewed the information we held about by home including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the home. We also spoke with the local authority for this service to obtain their views.

We spoke with three people living at the home, two relatives, three members of staff and the deputy manager. We looked at three people's care records, staff recruitment and training files, medication records for four people, quality assurance audit records and completed provider feedback forms.

Requires Improvement

Is the service safe?

Our findings

People were not always supported to manage risks. We saw that people were supported to manage risks and remain safe where they wished to smoke indoors and with their mobility if they were at risk of falls. However, we saw that people did not have access to a call system within their bedrooms to call for staff support if they needed this. We spoke with staff about how they ensure people have access to help in their rooms at night. Staff confirmed that they completed checks on people throughout the night and that if people required support between these times, they would need to shout out. The staff checks were completed every two to three hours. This was confirmed by two people. One person told us, "During the night the staff check on me every so often but I do not have a buzzer [call system]". Another person told us they shout out if they need staff at night. However some people would not be able to call out for support at night and there were no systems in place for if a person was unable to call out for help. It was also unclear if staff would be able to hear people's calls from the other side of the building. This meant that for some people there may be a delay in getting support during an emergency as they had no means to call for help. We saw that risk assessments had been completed to provide staff with guidance on how to support people to manage risks. These risk assessments looked at areas such as; smoking within the home, safe use of equipment and personal safety outside of the home. We saw that where accidents and incidents occurred, actions were taken to ensure that risks were minimised in future.

People told us they were happy with the support they received with their medication. One person told us, "Staff give me my medication; I know the names of everything". We observed staff supporting people with their medication. The staff member informed the person what medication they should take and waited patiently whilst the person took this. Some people were prescribed medication on an 'as and when required' basis. The provider told us in their PIR and we saw that there were guidelines in place for staff informing them of when these medications should be given. This was done to ensure that 'as and when required' medication was given consistently by all staff. Staff we spoke with knew when 'as and when required' medications should be given. We looked at seven medication records. However, as no record was kept on how many of each medication was received at the start of the month, we were unable to determine whether medication had been given as prescribed. Without an accurate record being kept of medication available, the provider would be unable to ensure that any errors could be identified and addressed. We spoke with the deputy manager about this who informed us they would address this issue.

People told us they felt safe at the home. One person said, "I feel safe here and my things are safe in my room". Another person said, "I like it here, I feel safe". A relative we spoke with also felt their family member was safe. The relative told us, "Yes, [person's name] is safe".

Staff we spoke with recognised the signs of abuse and knew the action to take if they suspected someone was at risk of harm. One member of staff told us, "I would raise any concerns with my manager and the safeguarding team [at the local authority]. I would document everything and inform the police as well if it was serious enough". Staff told us and records we looked at confirmed that staff had received training in how to safeguard people from abuse.

The provider told us in their PIR that they staff were required to complete checks before starting work. We checked this and saw that there were safe recruitment systems in place to reduce the risk of unsuitable people being employed. Staff told us that before starting work they had been required to provide references and complete a check with the Disclosure and Barring Service (DBS). The DBS check would show if a person had a criminal record or had been barred from working with adults. Records we looked at confirmed that these checks took place.

People told us they felt there were enough staff available to meet their needs. One person told us, "There is enough staff, they come quickly". A relative we spoke with said, "There is always a lot of staff around". We saw that there were sufficient numbers of staff available and that people had been responded to in a timely manner. However, staff we spoke with felt that there were not always enough staff. One member of staff said, "There is enough staff at number 51 but not at number 53". Another member of staff told us, "No, there isn't enough staff. I am rushed". The staff we spoke with felt this was due to some people's needs changing which had resulted in them requiring more time with staff. Staff felt that this meant they had less time with other people. We spoke with the deputy manager who told us that the number of staff on duty was pre-determined by the provider and was not based on the needs of the people living at the home. We saw that there was no impact for people however; as we observed that there were enough staff available for people. Following the inspection, the registered manager sent us a risk assessment that had been completed to ensure that risks to people were identified and managed with the current staffing levels.

Requires Improvement

Is the service effective?

Our findings

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).

We checked whether the service was working within the principles of the MCA. People told us that staff sought their consent before supporting them. One person told us, "Everything is explained to me, they ask my permission but I tell them what I want". Staff told us how they seek consent from people. One member of staff said, "I get permission from people by asking". The staff member went on to explain how they gained consent from the people who are unable to verbally consent. This included using gestures and being aware of what their actions mean. We saw that staff used an audio monitor to listen to one person in their room throughout the night. Staff explained that this was due to the person being at high risk of seizures and the audio monitor would alert staff if the person experienced a seizure and needed assistance. We looked at this person's records and saw that there had been no assessment of the person's capacity to consent to the use of the monitor. There had also been no best interests meeting held to discuss whether this was the least restrictive option for the person. We spoke with the deputy manager about this who told us that the audio monitor was kept in a hallway throughout the night so that staff can hear other people if required. There were no capacity assessments or best interests in place for any person who may have been affected by the use of the monitor. This meant that people's rights had not been upheld in line with the MCA.

Some people who lived at the home had a DoLS authorisation in place. We spoke with staff and found that while staff knew who had a DoLS authorisation and why, they also thought that some people who had mental capacity and did not require a DoLS, had an authorisation in place. The staff we spoke with believed these authorisations were in place to prevent people from leaving the home unsupervised. As staff believed that some people had a DoLS who didn't, there was a risk that these people would have been unlawfully restricted if staff placed restrictions on the person believing them to have a DoLS in place.

The provider informed us in their PIR that staff were required to complete E-learning. E-learning is training done online. Staff told us that they did receive this training to support them in their role but that they did not feel this equipped them with the skills needed to support people effectively. One member of staff told us, "The training is mostly E-Learning; I dislike it as you don't get the interaction and you can't take the information in". Another staff member told us, "We do E-Learning but I don't think you learn anything from it". We spoke to the deputy manager about the training provided. The deputy manager told us, "All training is now E-learning but it hasn't been as effective as you can't fail, you just keep taking the test until you pass". The deputy manager informed us they were aware of staff concerns regarding the effectiveness of the training and had passed this onto the provider but that it had been agreed that they would continue with this type of learning. Although staff had expressed concerns about the training, staff we spoke with

demonstrated that they had the skills and knowledge required to support people effectively. Following the inspection, the registered manager told us that further training was provided to staff that included face to face training and distance learning.

Staff told us that prior to starting work, they completed an induction that included completing training and shadowing a more experienced member of staff. One member of staff told us, "I had an induction at the home to read policies, do training, meet staff, read support plans and shadow for a week". New staff were also required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily life. Records we looked at confirmed that this induction took place. The staff we spoke with felt that while the induction was helpful, they have found that working alongside other staff had been more effective in equipping them for the role. One member of staff said, "I think I could have learnt more at induction but there is always someone around to explain things to me".

People and their relatives felt that staff were well trained and had the knowledge required to support them. One person told us, "I think that I am getting good care here". A relative we spoke with said, "They [the staff] look after [person's name] really well".

People told us they were happy with the meals at the home. One person said, "I have enough food". A relative told us, "I have stopped for a meal and it was very nice, it is all made from scratch". At mealtimes, there was only one meal option available for people. We spoke with staff who informed us that while only one meal was prepared, people could request alternative meals if they wished, although we did not observe anyone do this. Staff also confirmed that each week, staff would sit with the people who lived at the home and decide on the menu for the week using picture cards. Staff had a good understanding of people's specific dietary needs and ensured people were provided with meals that met these requirements. We saw that where people required adapted equipment to enable them to eat independently, this was provided and staff encouraged people to use this. We saw that mealtimes were a relaxed experience for people and staff sat alongside people and chatted whilst they eat their meals.

People were supported to access healthcare input to maintain their health. People we spoke with confirmed this. One person said, "I go to the doctor's surgery if I feel unwell". Staff we spoke with knew the procedures to follow if someone became unwell. One member of staff said, "If someone seemed unwell, I would contact the doctor, then possibly the walk in centre or Accident and Emergency if it was serious enough". Records we looked at showed that people had health action plans in place. Health action plans are personalised records about what people need to do to remain healthy. Records also showed that people had been supported to access a variety of services that included; Dentists, opticians and annual health checks with their GP.

Good

Is the service caring?

Our findings

People told us that the staff were kind and caring. One person said, "Staff are nice to me". Another person told us, "I like it here; the staff are kind to me". A relative we spoke with also spoke positively about the caring nature of the staff. The relative said, "[Person's name] has come on leaps and bounds since they have moved in and it is because of the staff". We saw that staff had developed friendly relationships with people and that people appeared relaxed in staff company.

People were supported to be involved in their care. We saw that staff gave people choices that included choosing where in the home they would like to spend time, and what they would like to do each day. The deputy manager told us that one person was part of a 'service user forum' that meets with other homes owned by the provider to discuss the care they receive and share ideas. The group met every three months. We looked at records that showed the person had actively been involved in the meetings. The meetings were aimed at improving people's experience at the home through deciding on activities and spending time with other people in different homes. We saw that records were kept detailing how people can be supported to be involved in their care. The records explained how the person has been involved, how their communication needs have been taken into account when planning care and how the person can be supported to express their wishes. A relative we spoke with told us that they felt involved in their family member's care. The relative said, "They [staff] always let me know if there is a problem".

We saw that people were treated with dignity. We saw that people were referred to by their preferred name and that staff supported people to maintain their personal appearance. Staff we spoke with explained how they ensured people were treated with dignity. Staff gave examples such as ensuring people have access to the equipment they need, speaking to people with respect and always knocking doors and waiting for a response before entering someone's room. One person liked to remain in their room. We saw that staff respected the person's wishes and allowed them privacy when requested.

The provider told us in their PIR that people were encouraged to maintain their independence where possible, particularly through the completion of household tasks and we saw that this happened. We saw that people were encouraged to complete checks on their money to ensure that all money spent was accounted for. This was done by the person with staff support where necessary. We saw that other people were supported to take part in tasks that included washing up and sweeping the floor.

The deputy manager informed us that no person currently required the support of advocacy services. The deputy manager understood when advocates may be required and how to access this service on behalf of people.

Good

Is the service responsive?

Our findings

We saw that before people moved into the home, they were involved in an assessment to ensure that staff would be able to meet their needs. This was confirmed by a relative who told us, "There were one or two meetings and they asked what [person's name] likes and dislikes". The provider told us in their PIR that people also had their care needs reviewed to ensure that the support they received continued to meet their needs. We saw one of these meetings took place and saw that the person had been supported to be involved in the review in the area of the home that they felt most comfortable in. Relatives told us they were supported to be involved in reviews. A relative said, "I get invited to reviews, they tell me when it is and they will always try to rearrange if needed so that I can attend". These reviews took place every three months. Records we looked at confirmed these reviews took place.

People told us that staff knew them and their needs. Staff we spoke with knew the individual needs of the people they supported. Staff could tell us about people's care needs and preferences with regards to their care. One staff member told us, "I am really proud of the team we have, they have a great knowledge of the people they support". We saw that records held personalised information about people and that staff knowledge reflected this information. Records held details about the person's individual goals and dreams, what time they like to get up and go to bed and activities the person enjoys. Staff also knew how to communicate with people in the way they preferred. For example, we saw that one person was unable to verbally communicate their wishes to staff. However staff had spent time with the person and learned what the different sounds and gestures the person made meant to them. This enabled staff to communicate effectively with the person and we saw this in action. The person arrived in the dining area for breakfast and staff asked what the person would like to eat. The person responded using sounds and all staff in the room knew that the sound she made meant she wanted cornflakes.

People told us they had access to a variety of daily activities and were able to choose what they would like to do. One person told us, "When it is my day out, we go where I want to go. Sometimes it is to a pub and sometimes to a garden centre. I have also planted seeds in the garden". Another person said, "I go out sometimes to Bilston or Wolverhampton". People were keen to tell us about the activities they were supported to do. One person told us they enjoyed art and had entered a competition in which they won and received a gift voucher as a prize. We saw people take part in different activities, we saw that one person was completing an adult colouring book, others had gone out for lunch and one person was receiving a hand massage from staff. We saw posters displayed informing people of upcoming events they could take part in. These included choir classes and local arts and crafts events.

People told us they knew how to make a complaint if needed. One person told us, "If I wanted to complain, I would get a form from the office next door". One person told us they did not know how to complain but did not have any complaints to make. The person said, "I don't know how to complain but I have got none to make". A relative we spoke with was aware of the complaints procedure and told us, "They [staff] have told me how I can complain but I never have". We saw that information was displayed in communal areas that informed people of how they can make complaints. This was displayed in an easy read format to support people's understanding. Staff we spoke with were able to explain how they would support a person to

complain to the service. We looked at the complaints records and saw that one complaint had been made. This had been investigated fully by the registered manager.

Requires Improvement

Is the service well-led?

Our findings

The deputy manager told us that only medication and kitchen audits were completed by the registered manager as the provider had developed a quality team who were responsible for completing audits to monitor the quality of the home. We saw that these audits were completed annually and assessed the home against Care Quality Commission (CQC) five domains of Safe, Effective, Caring, Responsive and Well-led. We saw that where actions had been identified, an action plan was completed to ensure the areas were addressed. We saw that actions identified had been completed by the registered manager. However, the audits had not identified that the use of an audio monitor to listen in to people throughout the night could be considered a restriction and so appropriate action had not been taken to ensure that the person's rights had been upheld. The audits had also looked at the completion of (Medication administration Record) MAR charts but had not identified that the amounts of tablets available had not been recorded to ensure medication was given as prescribed. The audits completed also failed to identify that staff did not feel that the training made available for them was effective in equipping them to support people. The provider and the registered manager had not ensured that people had means to call for support throughout the night. The deputy manager informed us that although a call system was in place, this had never been used and they were not sure if the system was in good working condition. This meant that should people be unable to shout for help, they would be at risk of not receiving support in a timely way where needed. The provider had not identified this as an area to be addressed. This meant that the systems in place for monitoring the quality of the service had not been effective.

We saw that accidents and incidents were recorded and actions taken to reduce the risk of re-occurrence. However no analysis of these incidents took place to support the provider in identifying trends and patterns. We looked at the records kept and saw that some incidents over a two month period were similar in nature. Without analysing the recorded incidents, the provider was unable to identify this trend and address the issue to prevent further incidents and possible injury to people .

People and their relatives spoke positively about the leadership at the home. A relative told us, "The [registered] manager is lovely; she always makes you feel welcome". The deputy manager had a visible presence around the home and people appeared relaxed in her company.

There was a clear management structure in place and staff we spoke with were clear about their roles and responsibilities. Staff told us they felt supported by the registered manager. One staff member said, "I do feel supported and I know I can raise issues and they will be acted on". Another member of staff said, "The registered manager is very nice to me. I can go to her with any problems and she would 100 per cent help". We saw that staff have access to regular staff meetings with the registered manager to discuss the service they provide. One staff member told us, "Staff meetings are every month, we discuss people's needs, any new risk assessments, staffing and any other issues staff want to bring up". Records we looked at confirmed that these meetings took place and that staff were given opportunity to seek support from the registered manager.

We saw evidence of an open culture at the home and staff told us they were aware of how to whistle blow if

needed. One member of staff told us, "If they [the provider] did not action my concerns I would go to social services or the CQC". The registered manager understood their legal obligation to notify us of incidents that occur at the service and we saw that notifications had been sent in appropriately. 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 provider had completed and returned their PIR to us within the timescale we gave and our findings reflected the information given to us as part of the PIR.

The deputy manager informed us that the provider sent questionnaires out to people to gain feedback on their experience of the service. We saw an analysis of the feedback received for the homes in the area and saw that the responses were sent to the home to view and make improvements where required.