

## Accord Housing Association Limited

# Lonsdale House

### Inspection report

8 Lichfield Road  
Walsall  
West Midlands  
WS4 2DH

Tel: 01922721566  
Website: [www.accordgroup.org.uk](http://www.accordgroup.org.uk)

Date of inspection visit:  
20 May 2019

Date of publication:  
18 June 2019

### 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 House provides accommodation for people who require nursing or personal care for up to 15 people who have a mental health condition. At the time of the inspection there were 13 people living in the home.

### People's experience of using this service:

People who used the service were supported safely. People were able to freely access the community and accessed activities supported by staff at the home. People were supported to be independent.

People's choices and preferences were known to staff and respected. Staff were caring and respectful. People's privacy and dignity was promoted.

People had support plans and risk assessments in place, which gave staff guidance to effectively support them. Staff supported people in accordance with their individual preferences and goals and people's needs were met.

The provider had systems in place to monitor the quality of the service provided and ensured risks to people and the environment were reduced.

Lessons were learnt when things went wrong, and systems were updated or improved if needed. The registered manager was approachable and responsive to people and staff. They had a clear understanding of their responsibilities of their registration with us.

The service met the characteristics of Good in all areas.

### Rating at last inspection:

This was the first inspection; therefore, the service does not have a previous rating.

### Why we inspected:

This was a scheduled inspection.

### Follow up:

We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Lonsdale House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector carried out the inspection.

#### Service and service type:

Lonsdale House provides accommodation for people who require nursing or personal care for people who have mental health conditions.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

To help us plan our inspection, we reviewed information we held about the service, including notifications. A notification is information about events that by law the registered manager should tell us about, for example; safeguarding concerns, serious injuries and deaths that have occurred at the service. We also used information the provider sent to us in the Provider Information Return (PIR) to formulate our inspection plan. A PIR is information we require the provider to send to us, at least annually to give us some key information about the service.

We spoke with three people who used the service. We spoke with two support workers, one senior support worker and the registered manager. We reviewed two people's care records, we looked at how medicines were administered, stored and recorded. We looked at documents relating to the management of the home, including two staff files.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff understood their responsibilities in relation to safeguarding people from abuse.
- Concerns were acted on and reported to the local authority. The provider had systems in place to help ensure people's risk of abuse was mitigated.
- The provider followed their accident and incident procedures when they occurred.

Assessing risk, safety monitoring and management:

- People told us they felt safe. One person said, "Yes, I feel really safe here, I like it."
- Support was in place to ensure people's safety was maintained, for example we saw people had very detailed plans around their individual support needs and the potential risks that posed and how those risks would be managed.
- Staff knew people well and could identify when individuals were at risk. People's care records gave staff the information staff needed to support them safely.

Staffing and recruitment:

- People were supported by enough staff to keep them safe.
- The provider has safe recruitment procedures in place. Pre-employment checks helped to ensure staff were suitable to work at the home. This included criminal record checks and references from previous employers.

Using medicines safely:

- Medicines were administered, stored and managed safely. Staff supported people in a dignified way when administering medicines.
- Clear guidelines, policies and procedures were in place to ensure people received their medicines as prescribed.
- Staff had received medication training in the safe administrations of medicines and their competency was observed.
- Staff told us they supported people to become self-sufficient in managing their own medication so when they moved on to the 'step-down' provision or back to the community they could manage this safely.

Preventing and controlling infection:

- Systems in place ensured the risk of infection was prevented. Staff were knowledgeable in how to prevent the risk of infection and followed the correct procedures.
- The service had received a five-star rating from the Food Standards Agency (FSA) meaning that the service had good food hygiene.

Learning lessons when things go wrong:

- Lessons had been learnt when things had gone wrong. For example, the registered manager and senior support worker told us about a recent medicine error, which was investigated. We saw appropriate action had been taken and systems were changed to reduce the risk of it happening again.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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 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 with appropriate legal authority. 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, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff understood the concept of MCA and could identify what it meant when someone lacked capacity, and understood how to follow the necessary requirements.
- We saw that people had consented to their care.

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

- People's needs were, planned and reviewed to ensure they received support that met their changing needs.
- People had clear comprehensive mental health plans in place, which detailed people's areas to be action or developed.
- People told us they were involved in their care, one person said, "Yes, I was involved in my care plan, I have a copy of it in my room."

Staff support: induction, training, skills and experience:

- Staff received an induction and training which supported them to deliver effective care to people.
- There was a staff training matrix in place to ensure that staff remained up to date with their training.
- Staff received regular supervision which gave them time to reflect on their practice.

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

- People were given a choice of meals from a menu on display. One person said, "The food is really nice."
- People were supported and assessed in the preparation of food and had access to a training kitchen where they could prepare their own meals. One person said, "I can cook a lot better since I have been here."



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

- The service was wheelchair accessible.
- People had their own personal living space and could choose to personalise it how they wished. One person said, "I love my own space and spending time in it."
- Staff carried out spot checks were carried out on rooms to ensure people were keeping them clean and tidy which supported and imbedded independent living skills.
- The service had a communal dining room, lounge area, bathrooms and training kitchens which were kept clean and tidy.
- People had access to a nicely maintained garden, where they could spend time relaxing or play garden games, such as swing ball.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:

- People had access to a wide range of health services and were supported to appointments by staff should they wished to. This included, doctors, dentists and other health professionals.
- Staff attended handover meetings which highlighted any changes in people's needs.

# 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.

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 treated people in a kind and caring way. One person said, "The staff are great here, they are all really nice and help me when I need it."
- We saw staff had positive interactions with people and were calm in their approach when they supported them.
- Staff knew people well and recognised their diverse needs in relation to their faith and cultural background, which were important in promoting their mental health wellness.
- The service considered the protected characteristics of people under the Equality Act 2010, such as religion and race and supported both people and staff to meet any diverse needs. We saw this information was recorded in people support plans.

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

- We saw that people and were involved in planning and reviewing their care and support.
- We saw that people were supported to express their views and make informed decisions for themselves.
- People were encouraged to participate in residents' meetings and where people felt they did not have the confidence to speak during the meetings, they were given alternative ways to feedback or make suggestions.

Respecting and promoting people's privacy, dignity and independence:

- Staff told us how they respected people's privacy and dignity and could give us examples of this practise, such as, when supporting people with their medication this was done in a private room.
- People were able to spend time on their own, which was respected by staff.
- We saw staff treated people with dignity and respected and promoted their independence. For example, some people went shopping on their own, another was doing their own laundry.
- People were encouraged to be as independent as possible. We saw people moved freely around the service and could access a kitchen area to make drinks and snacks.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff supported people to reintegrate back into the community or to move onto less intense support, in the form of the providers 'step-down' service and accommodation. The step-down service allows people more choice and control over their own lives and further integrates them back into the community.
- People had detailed assessments completed prior to their admission to the service, which considered their aspirations and goals.
- People had support plans which were tailored to their individual needs.
- People were supported to live independent lives and were supported to learn different coping strategies to manage their mental illness.
- People were involved in planning activities they enjoyed, such as; tea parties and day trips out.
- People had access to the community and were able to come and go as they please.
- People were encouraged to be valuable members of the local community. There was a genuine emphasis on supporting people to pursue their interests and hobbies. For example, one person was supported to pursue their passion of working with animals.
- Staff spoke with pride when they told us of the exceptional achievements that people had made whilst receiving support and of how others have gone to live back in the community living well and independently. Staff said they remained in touch with many people that had left the service and people continued to ring up for advice and would call in for a cup of tea and a chat.
- People were given the opportunity to be involved in projects in the garden and could grow their own produce. One person said, "I don't like digging, but I do enjoy growing vegetables."
- People's individual communication methods were recorded in people's support plans which was in line with the Assessable Information Standards (AIS).

Improving care quality in response to complaints or concerns:

- The provider had a complaints procedure in place. At the time of the inspection the service had not received any complaints.
- People understood how to make complaints. One person said, "Yes I would know what to do, I can speak to any of the staff and tell them how I feel."

End of life care and support:

- At the time of the inspection there was no one nearing the end of their life.
- The registered manager explained how they had previously worked with services that support people nearing the end 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The provider had action plans in place to ensure continuous improvements were made and high-quality care and support was given to people which was documented in people's support plans.
- We saw the staff team supported each other and there was a positive and upbeat atmosphere within the home.
- The duty of candour is a statutory (legal) duty to be open and honest with patients (or service users), or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future. The registered manager understood the duty of candour and acted in accordance to this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The provider submitted statutory notifications where required. Notifications contain information about incidents the Care Quality Commission (CQC) are required to be informed of by law.
- Information such as complaints, compliments, accidents and incidents were checked and monitored which were used to make improvements to the service.
- The registered manager had quality assurance systems in place which were monitored and regularly updated.

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

- We saw people were involved in decisions in what the service offered regarding activities.
- Staff encouraged people to be involved in residents' meetings which gave people the opportunity to voice their opinion.
- People were given the opportunity to complete a satisfaction survey and we saw the latest results from the survey were positive.
- Staff said they felt supported by the senior care staff and the registered manager and felt they could freely express themselves.

Continuous learning and improving care:

- Staff shared information and concerns regarding people's care in an open and transparent way, meaning that people's care was being monitored effectively.
- The registered manager was actively involved in supporting people and staff. They supported staff in their

duties, meaning they could observe practice and care that was being delivered.

- The registered manager and staff worked well across other services within the organisation, such as the step-down accommodation. This supported people to move through the service in a seamless way.

Working in partnership with others:

- The service worked well with other professionals, which ensured people received effective and consistent care and support.
- The staff communicated well with other colleagues in the 'step down' service and clear handovers ensured people's continuation of care was supported safely.