

Lonsdale Midlands Limited

Lonsdale Midlands Ltd - Walmley Road

Inspection report

189d Walmley Road
Walmley
Sutton Coldfield
West Midlands
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Tel: 01213130879

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06 September 2018

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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

The inspection was unannounced and took place on 06 September 2018.

Walmley Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Walmley provides care and support for a maximum of four people who are living with a learning disability. There were four people living at the home at the time of the inspection.

The home has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a manager in post at the time of our inspection who was in the process of registering with CQC. 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 were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met.

People were protected from risks associated with their health and care needs because risk assessments and associated care plans were developed holistically, reviewed and monitored. This ensured that people received the support they required to remain safe. Staff were aware of the risks to people when supporting them. People received support from staff to take their prescribed medicines as and when required. Systems and processes were in place to ensure medicines were managed safely.

Staff were caring and treated people with respect. We saw people were relaxed around the staff supporting them and we heard and saw positive communication throughout our inspection. It was evident that people had developed positive relationships with staff and there was a friendly, calm relaxed atmosphere within the home.

People were supported by sufficient numbers of staff who had the knowledge and skills they required to care for people safely and effectively.

Staff understood the importance of ensuring people agreed to the care and support they provided and when to involve others to help people make important decisions. The provider was aware of their

responsibilities regarding the Deprivation of Liberty Safeguards (DoLS).

People were supported to enjoy a range of activities and were involved in their day to day care and chose how to spend their day. People were encouraged to maintain their independence and live active and fulfilling lives. Staff were caring and treated people with respect.

Staff understood their responsibilities in relation to hygiene and infection control. There were effective systems in place to monitor the quality of the service and areas needing improvement were acted on.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 the 06 September 2018 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. The provider had also submitted to us a Provider Information Return (PIR). A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We also contacted local authorities who provide funding for people to ask them for information about the service and Healthwatch. Healthwatch is an independent organisation that champions the needs of people that use health and social care services. This helped us to plan the inspection.

During our inspection we met with everyone who lived there. People's needs meant that they were unable to verbally tell us their views. We observed how staff supported people throughout the day. To do this 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 also made general observations around the home.

We spoke to three support staff and the manager. We looked at records relating to the management of the service including care plans for two people, the incident and accident records, two staff recruitment

records, Medicine Administration Records (MAR). We also looked at records which supported the provider to monitor the quality, management and safety of the service including health and safety audits, accidents and incidents records and compliments and complaints.

Is the service safe?

Our findings

At the last inspection in September 2015, we rated this key question as 'Good'. At this inspection the rating remains unchanged.

People were not able to tell us if they felt safe but we saw from our observations that people looked happy, relaxed and comfortable around staff. Staff we spoke with had a good understanding of people's risks and were able to tell us what action they would take to make a person or situation safe. Staff told us they had received training in safeguarding and knew the different types of abuse. Staff we spoke with told us some of the signs they had been trained to look out for that would indicate that the person might be at risk of abuse and what action to take if they had any concerns about people's safety. An incident occurred in the home on the day of our inspection involving two people who lived there. We saw that this was appropriately reported to the local authority, police and CQC, as required by law. We saw that the manager took steps to minimise any further occurrence. The manager demonstrated a clear understanding of their responsibilities around safeguarding.

Staff that we spoke with were knowledgeable about the risks to people and how to manage them. A staff member told us, "I know the people well and understand their risks and what to do to keep people safe". We looked at two care plans and saw risk assessments were in place that guided staff on the individual risks people lived with.

Staff told us about a range of actions that were completed on a regular basis to help keep people safe. For example, staff knew how to support people safely in the case of a fire or a medical emergency. The manager had ensured that staffing levels were kept under review to ensure that there were sufficient numbers of staff to support people to stay safe and meet their needs. For example, the manager had identified that additional staffing was required at night to support people safely. The manager told us that a recent review of staffing levels had taken place with the commissioners and additional funding had been agreed to meet people's changing needs.

We saw that medication was given to people as prescribed and was stored safely. We looked at MAR (medication administration records) which showed that people had their medication on time and doses were not missed. Staff told us that they were trained in giving medication and their competency was assessed annually. We saw that people's care records contained guidance for staff about how people liked to take their medication. A staff member told us, "I have no concerns about supporting people with their medication. We are observed by the manager to make sure we are doing things right. We always have two staff administering the medication".

We checked two staff recruitment records and saw the provider had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS). Completing these checks reduces the risk of unsuitable staff being recruited.

We saw that people were protected from the risks of infection. We saw that staff were prompt to respond to

any cleaning issues and the home was tidy and well maintained. We saw that staff had access to appropriate cleaning materials and person protective equipment (PPE) and we saw that this was used appropriately during our inspection. The communal kitchen contained different coloured chopping boards and items in the fridge were labelled with dates on when they had been opened. Staff showed us the completed records of the safe system of food handling that was in place to ensure any risks of food contamination were minimised. The home had a separate laundry room and a locked cupboard where cleaning materials were kept.

Records showed that incidents and accidents were recorded by staff. This enabled the manager to monitor trends and patterns and take action as appropriate. We saw that the manager reviewed all incidents and accident records and had made recommendations for any required actions when needed.

Is the service effective?

Our findings

At the last inspection in September 2015, we rated this key question as ' Good'. At this inspection the rating remains unchanged.

There were effective systems in place to ensure information about people's needs were communicated. All of the staff spoken with felt they were provided with the information they needed to support people effectively. All staff told us they were supported in their role, understood their responsibilities and had regular supervision, training and team meetings, where they felt able to share good practice. A staff member told us, "The manager is approachable she keeps us well informed. We had a very good manager before. The changeover of manager has gone really well [new managers name] is really good. I have no concerns".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff demonstrated through their practice that they had a good understanding of this legislation and what this meant for people. We saw that staff sought people's consent before providing support.

We saw positive interactions and staff knew people's preferences and choices. We saw during our inspection that staff made attempts to involve people in all day to day decisions, such as what they wanted to do and how people wanted to spend their time. The manager told us that where needed best interest's meetings had taken place and talked through examples of when they had needed to do this. These meetings ensure that the person, and others important to them, are consulted about decisions relating to their care and support.

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 saw that the provider had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty. The manager had a process in place to record the expiry date of any authorisations that had been made and any conditions applied were being complied with.

We saw that people's dietary needs were met by staff who had the required knowledge of people's needs and their preferences. We observed a meal time and saw that people received the required support they needed to eat their meals safely. We saw that one person was supported to choose what they wanted to eat by pointing to the items in the fridge. Staff we spoke with had a good understanding of people's specific dietary requirements and they were able to tell us in detail what support people required with their meals and drinks. There were instructions for staff to follow in the care plans to ensure that people were supported effectively and safely. We found that where staff had concerns about people's dietary needs, or that people may be at risk of choking, they had made referrals to the dietician and Speech and Language Therapist

(SALT) for advice.

People had access to healthcare services where required. Records we looked at showed that people had annual health checks with their GP. People's healthcare needs were closely monitored to ensure any changes in their needs were responded to promptly. The providers PIR told us that the service ensures health appointments were always planned to ensure each person is supported by staff who know them well. We were able to confirm at the time of our inspection that this is what happened in practice and a detailed record of appointments were maintained.

The premises were suitable to meet the needs of the people living there as it was an adapted bungalow and reflected the values that underpin the Registering the Right Support. There were shared areas for people to access including a dining room and lounge. We saw during our inspection that people were able to make a choice about spending time with other people or choosing to spend time on their own in their own bedroom. The bungalow was accessible throughout and there was a garden area with seating provided.

Is the service caring?

Our findings

At the last inspection in September 2015, we rated this key question as ' Good'. At this inspection the rating remains unchanged.

We observed staff spending time with people and they were not rushed. People were visibly happy and relaxed in staff company. This showed that staff had developed kind and caring relationships with people.

Staff spoke very warmly about the people they supported and they knew people's needs well including their likes, dislikes and preferences. People's care records had detailed information about their history and individual interest. This meant that staff were aware of how to meet people's individual needs when supporting people. Some people had specific communication needs. We saw that these had been discussed as part of the person's assessment and that guidance was provided to staff on how they should support the person to communicate their needs. We saw that staff communicated in this way during our inspection. Through our discussions and observations with staff and the manager we found that they promoted an open environment and one that would ensure that people were protected from any form of discrimination.

We observed that staff encouraged people to do things for themselves when possible. For example, taking cups and plates to the kitchen after their meal. A staff member explained how a person liked to clean up after a task and we saw that staff supported the person to do this. We saw at meal times some people had adapted cutlery, cups and plates to help them eat safely and maintain their independence. When people needed help we saw that this was provided in a respectful way.

We saw that people were well presented and looked well cared for. We saw that staff respected people's privacy and dignity. We saw that staff knocked people's doors before entering their bedroom. Staff were able to tell us how they would promote people's privacy and dignity when supporting people with their personal care and we saw during our inspection that people were assisted discreetly with their personal care needs.

Staff told us that people's friends and relatives were welcome to visit and they supported people to visit their family and friends. Staff also supported people to stay in contact with relatives overseas and supported people to send cards and photographs so they could maintain contact with people who were important in their life.

Some people who received support from the service had required the support of an advocate. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The manager told of circumstances when an advocate had been required and knew how they could refer people to this service when needed.

Is the service responsive?

Our findings

At the last inspection in September 2015, we rated this key question as 'Good'. At this inspection the rating remains unchanged.

We saw that people were treated as individuals and their personal likes, dislikes, preferences and daily routines were respected and promoted. We saw that relevant health and social care professionals were involved with people's care to ensure that care was specific to the person's needs and person centred. The care records we looked at included sections referred to as the 'best way to work with me' and 'goals and dreams' and were found to be comprehensive and individual to the person. A monthly review of people's care took place and records of these showed that all aspects of the person's health and wellbeing were reviewed. The records we looked at reflected our observations and what staff had told us, we saw staff working consistently in line with people's needs and wishes.

The provider told us in their PIR that care plans for each person were updated and reviewed as part of the reviewing process on a monthly basis which incorporates a six-monthly review and an annual review. If a need had changed then plans are reviewed immediately. They told us that an annual review had taken place for each person in the last twelve months.

We found that systems were in place to ensure staff were kept up to date about changes in people's care and support needs. Staff we spoke with told us how staff handovers and team meetings were used to ensure effective communication between the team. A staff member told us, "We work well as a team and communication is very good. I feel I have all the information that I need to support people safely".

People were supported to take part in a variety of activities in the home and wider community. The provider's PIR told us that the service has introduced person centred tools which have been completed with people. These have included, relationship circles and learning logs of what works well for people and what doesn't. The PIR went on to tell us that people were supported to be part of their community and attend service user's forums, church services, local amenities, visiting other care services and visiting family and friends. Our observations and reading of records during our inspection confirmed that what the provider told us in their PIR was being implemented in practice. Staff were also able to tell us that new opportunities were being explored for people for example, hydrotherapy.

Through our discussions with staff it was clear they were non-discriminatory in their approaches. Staff were able to tell us how they supported people to ensure they were not discriminated in any way due to their beliefs, gender, race, sexuality, disability or age.

We looked to see how the service ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. The provider was able to access information regarding the service in different formats to meet

people's needs, for example easy read and we saw that people's care plans contained information about their communication needs. We saw that staff used a variety of communication systems to support people including the use of photographs and objects of reference.

Although no one was in receipt of end of life care on the day of our inspection, we spoke with the manager about this. They told us that they were starting to gather information about people's wishes. This was so that when required people would be supported in a way that they wanted and this information would be recorded in their care records.

Is the service well-led?

Our findings

At the last inspection in September 2015, we rated this key question as 'Good'. At this inspection the rating remains unchanged. There had been a recent change of manager's and the evidence we found during our inspection indicated that the provider had ensured that an effective handover between the outgoing and incoming managers had taken place. This had ensured consistency within the service.

It is a condition of the providers registration to have a registered manager in place. At the time of our inspection the new manager had applied to CQC to be the registered manager and their application was being processed. 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.

Registered providers are required by law to display the ratings awarded to each service on their website and in the home. We confirmed that the rating for Walmley Road was on display in both places. Showing this rating demonstrates an open and transparent culture and helps people to know the rating of the service they are using.

We looked at the opportunities people, staff and relatives had to provide feedback or to whistle blow if they were concerned about any aspect of the service. (Whistle blowing is a term given to raising the alarm on abusive or neglectful care practices). Staff we spoke with were aware of how to whistle blow in the event they felt unable to approach their line manager. The manager had sought feedback from relatives and health care professionals and we saw the comments received were entirely positive about the service

Staff we spoke with told us the home was well organised. They told us the manager was supportive and they felt able to approach them with any concerns they may have. One member of staff said, "We can ask [managers name] anything we need to. They are very supportive and always willing to help us with supporting people". We saw that regular staff meetings took place and the minutes of these showed that staff were provided with feedback and any learning from incidents that had taken place in the home.

We saw that the registered provider had a range of audits and checks to monitor the quality and safety of the service. Regular checks were in place to ensure people lived in a safe, comfortable and homely environment. The audit addressed all the key areas of the operation of the home. The manager reported monthly to their operations manager so they had oversight of where any improvements or actions were needed. The provider required the manager to submit a monthly report on all accidents and incidents so that actions required could be monitored by the provider to ensure there was effective oversight of the home.

Providers are required by law to inform us of certain events that happen in the home (such as serious, safeguarding concerns or police incidents) by way of submitting a form called a statutory notification. We

found that the notifications we received from the provider enabled us to understand events and actions taken following an event or incident within the home.

Records we saw showed the management team worked with other agencies to support the well-being of the people living at the home. For example, specialist services and health and social care professionals to ensure that the care they provided to people was in keeping with legislation and best practice guidelines. This included advice and support specific to learning disabilities.

The provider had submitted their 'Provider Information Return' (PIR) as is required. The information provided in the PIR reflected our observations from the inspection. We saw that the provider had different events organised for the services to take part in and to promote social contact between the services. Recent events included baking and gardening competitions.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The manager understood their obligation in relation to their duty of candour. The registered manager could tell us their understanding of this regulation. We requested some additional information from the manager following our inspection and we were provided with all the information we requested in a timely manner.