

Lonsdale Midlands Limited

Lonsdale Midlands Ltd - New Street North

Inspection report

1-5 New Street North
West Bromwich
West Midlands
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

Lonsdale New Street North is a residential care home providing personal care to seven people with learning disabilities. The service can support up to eight people. The care home accommodates people in one adapted building which is laid out over two floors. People had individual bedrooms and there are two self-contained flats on the second floor.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We found some improvements were required; for example some care records were not up to date. In addition, checks to ensure staff administered medicines safely were not being completed.

Right Support

The model of care and setting maximised people's choice and control. People lived the lives they wanted to live and had regular opportunities to pursue social interests and be part of their local community. Staff encouraged people to engage in meaningful activities and promoted people's independence.

Right Care

Staff promoted people's dignity, privacy and human rights. People were involved in decisions about their care and empowered to make decisions about support they received. Staff used a variety of communication methods to support people to make everyday decisions.

Right Culture

The service had a person-centred culture which empowered people to achieve their goals and fulfil their aspirations. Systems were effective in identifying and ensuring people live the life they wanted. Leaders promoted a culture where staff promoted people's best interests.

People were safeguarded from the risk of abuse and told us they felt safe. There were enough staff to provide safe, compassionate and person-centred care. Risks to people's physical health and emotional wellbeing were identified, assessed and managed safely and medicines were managed safely. People told

us they received good care from staff who cared about their wellbeing.

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

Rating at last inspection

The last rating for this location was good (published 30 July 2019).

Why we inspected

The inspection was prompted in part due to concerns received about care delivery. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

We undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not well-led.

Details are in our well-led findings below.

Lonsdale Midlands Ltd - New Street North

Detailed findings

Background to this inspection

The inspection

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

Infection control statement

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

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience made calls to relatives on 16 September 2022. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lonsdale New Street North 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.

Registered manager

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

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

We spoke with one person who used the service and six relatives about their experience of the care provided. We spoke with five members of staff, including the locality manager, acting manager, deputy manager, operations manager and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management and quality assurance of the service, including policies, procedures, safeguarding, and accidents and incidents were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Staff had received medication training however we found no record of checks being conducted to check the competency of staff to administer medicines safely. We raised this with the acting manager, they acknowledged the error and after the inspection arranged for all staff to have medication competency assessments and sent us evidence this had been completed.
- People received their medicines on time. Staff completed medication administration records (MARS) to show what medicines they had administered. Where people required 'as and when' medicines (PRN) staff knew when to administer them and how to record them.
- Medicines were safely stored, administered and destroyed when people declined to take them or they were no longer required.
- Regular checks on medicines took place to ensure these had been given as prescribed.

Assessing risk, safety monitoring and management

- Where risks were identified to people's safety, assessments were in place to guide staff on how to keep people safe. For example, there were behaviour risk assessments in place identifying triggers to behaviour and how staff should respond to support the person and minimise any escalation in distressed behaviour.
- Staff we spoke with knew the risks to people's safety and how they should address these. Staff had completed training and knew how to support people safely.
- Staff were aware of any health conditions that might impact on people's safety and knew what action to take to mitigate the risk.
- People were supported to take positive risks, this was within a pro-active risk management framework that assessed the potential risk and put safeguards in place. This meant people had been supported to grow, develop and experience things they wanted to do.
- The provider had systems and processes in place to analyse and respond to any trends in relation to risks that had been identified.
- Each person had a personal emergency evacuation plan in place which explained how they would be supported to evacuate their home in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise potential abuse and protect people from it. Staff had received training on how to keep people safe and described the actions they would take where people were at risk of harm. One staff member told us, "I would step in to protect the person. I would then report the incident to the manager." Another staff member told us, "If I was unhappy with how an incident was managed, I would contact CQC and the local authority safeguarding team."

- Relatives told us people felt safe and comfortable with staff members. One relative told us, "Yes, [name of relative] is very safe, the staff are very good with them and the environment as well, it is a nice care home, they look after them very well."
- Where a safeguarding incident had been identified, the relevant agencies had been notified and action had been taken by the service provider to reduce the risk of a recurrence. There were systems in place to monitor staff performance and actions to be taken, to reduce the risk of recurring poor performance.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- Recruitment checks were completed to make sure staff were safe to work with people. This included obtaining references from previous employers, and background checks with the Disclosure Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer.
- The acting manager told us the funding hours provided for each person and records confirmed these staffing levels were provided.
- Our observations during the day indicated there were enough staff on duty to support people with their care needs. One relative told us, "They do look after each other and make sure they are all alright, if someone is due a break, then another carer will come up to take over, so that they can go and get their break, they are all very supportive of each other."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

The acting manager confirmed if the home experienced an infection outbreak relatives could still visit via a telephone booking system and have temperature checks undertaken upon arrival.

Learning lessons when things go wrong

- The provider had a system in place to analyse any accidents and incidents, so trends were identified and learning from incidents took place.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question as good. At this inspection the rating has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Some people's care plans were not up to date. For example, one person's support had increased and they were now receiving support from two carers however their care plan still stated they required support from one carer. The acting manager confirmed they had already identified care plans needed to be reviewed and updated, there was currently a plan in place to complete this and some care plans had already been updated.
- People had good links with family or advocate services and staff supported people to maintain this.
- Staff respected people's individuality and diversity and were aware of people's personal preferences.
- People were supported by staff who knew and understood their needs. Relatives told us they had built good relationships with staff and staff were aware of their loved ones likes and dislikes. One relative told us, "There have been staff changes, but when we go in [name of relative] seems to know them, so I think they are introduced to them. Working with existing staff as they get to know their foibles."
- Staff gave us examples showing how they had contributed to people's risk care planning. For example, this where people required additional care because their mobility needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were able to explain how they communicated effectively with people. One relative told us, "The staff do use various methods, they use Communication Cards they try that and [name of relative] will pull you and take you to what they wants to do".
- The provider was aware of the AIS standards and people's specific communication needs were detailed in their care records.
- Information was available in different formats such as easy read.

Improving care quality in response to complaints or concerns

- Relatives told us they were happy with all aspects of the service. They told us they would be confident speaking with the management team if there was something they were not happy about. However, they had not needed to do this.
- The provider had policies in place to respond to concerns or complaints.
- Compliments were used to identify what worked well.

End of life care

- No one was receiving end of life care when we inspected. The provider had policies and procedures in place to support this need.

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.

At our last inspection we rated this key question as good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have 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. There was an acting manager who had been in post for four months. We recently received their application to become the registered manager.
- The provider's audit systems failed to identify staff medication competency assessments were not be conducted. We found no evidence people received their medicines inappropriately or staff lacked the skills and knowledge to administer people's medication safely. The acting manager confirmed competency assessments would be completed regularly. In addition, some care records did not contain up to date information. Staff members we spoke with were knowledgeable about people's needs and the level of support they should be provided with.
- Staff told us they felt well-supported by the acting manager and the provider. Staff told us they were clear about their responsibilities and also received positive feedback when things went well.
- The provider had a clear vision for the development of their service.
- The management team had contingency arrangements in place to ensure the service delivery was not interrupted by unforeseen events. For example, the COVID-19 pandemic. We saw there were plans in place to ensure care tasks would be completed.
- The provider had notified CQC, as required to do so by law, and other agencies of any matters of concern and incidents that affected people who used the service.

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

- One relative told us, "They are very well managed. I am very happy, it seems to work really well." The management team and staff demonstrated a commitment to people and they displayed strong person-centred values. Another relative told us, "They are doing a better job than a lot of the care homes [name of relative] has been in before."
- Staff knew people and their needs well and they told us they felt supported in their role. Staff could tell us about the improvements people had made since receiving support from the service and they were looking to explore with people how they could support them to enhance their lives further.
- Staff meetings were held and detailed records of the meetings were available.

- One relative told us, "They are very well managed. I am very happy, it seems to work really well."
- The provider told us they only took on care packages if they could meet people's needs and provide them with good quality care.

How the provider understands and acts on the duty of candor, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had notified us, as legally required of significant incidents which had happened in the service.
- The management team told us they understood their responsibility to be open and honest when things go wrong.
- There was a strong emphasis during the inspection on communicating and sharing information in an open and transparent way.
- The locality manager and acting manager monitored the culture of the service and staff team by various means including providing direct care at times and working alongside staff, unannounced spot checks of the service including night visits, and formal meetings.

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

- People and relatives had been given opportunity to feedback on the quality of the service via structured feedback calls.
- Relatives felt able to speak with staff and management of the home when needed and felt their feedback would be listened to.

Continuous learning and improving care

- The locality manager and acting manager encouraged and supported staff to develop their skills and knowledge to support their progression.

Working in partnership with others

- The management team told us they accessed support from a range of external health care professionals to support people with their needs and records demonstrated this. Staff worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.