

Lonsdale Midlands Limited

Lonsdale Midlands Limited - 118-120 Dudley Street

Inspection report

118-120 Dudley Street
West Bromwich
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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 

Overall summary

Our inspection was unannounced and took place on 24 August 2015. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider is registered to accommodate and deliver nursing and personal care to eight people. People who

lived there had a range of conditions which included learning disability or associated needs and some people had symptoms of dementia. Eight people lived there at the time of our inspection.

The service provided support to a mixed age range of adults who may have wished to go out into the community. We started our inspection early in the morning so that we could meet and speak with the people who lived there and staff before they went out.

Summary of findings

At our last inspections of 2012 and 2013 the provider was meeting all of the regulations that we assessed.

The manager was registered with us as is required by law. 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 received support from staff with taking prescribed medicines. Generally this was done in a way that people preferred and that minimised any risk to them.

Staff knew the procedures that they should follow to ensure the risk of harm or abuse to people was reduced.

Staff were available to meet peoples individual needs. Staff received induction training and the day to day support they needed to ensure they did their job safely.

Staff had received training and they understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This ensured that people received care in line with their best interests and would not be unlawfully restricted.

Staff supported people with their nutrition and health care needs. We found that people were enabled and encouraged to make decisions about their care and they or their relatives were involved in how their care was planned and delivered.

People were encouraged and were supported to engage in recreational activities that they enjoyed.

People were cared for and supported by kind and caring staff to be independent and attend to their own needs when they could.

All people received assessment and treatment when needed from a range of health care professionals including their GP, specialist consultants and specialist nurses which helped to promote their health and well-being.

Systems were in place for people and their relatives to raise their concerns or complaints.

People and their relatives communicated to us that the quality of service was good. The management of the service was stable. The registered manager and provider undertook regular audits and took action where changes or improvements were needed.

Summary of findings

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.

Medicine management was generally safe. People received their medicine as it had been prescribed by their GP.

Systems were in place to ensure that there were adequate numbers of staff that could meet peoples needs.

Recruitment systems helped to ensure that staff employed were suitable to work in adult social care.

Good



Is the service effective?

The service was effective.

People and their relatives were satisfied with the service they received.

The service provided was effective and met people's needs safely and in their preferred way.

Staff had understanding regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS). This ensured that people were supported appropriately and they were not unlawfully restricted.

Good



Is the service caring?

The service was caring.

People and their relatives told us that the staff were kind and caring and we saw that they were.

People's dignity, privacy and independence were promoted and maintained.

Staff were aware of peoples choices and wishes. They helped them with their personal appearance and supported them with this to their satisfaction.

Good



Is the service responsive?

The service was responsive.

People and their relatives told us that the service provided met their needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

Complaints procedures were in place for people and relatives to voice their concerns.

Good



Is the service well-led?

The service was well-led.

There was a leadership structure in place that staff understood. There was a registered manager in post who was supported by a deputy manager and a team of nurses.

People we spoke with knew who the registered manager was and felt they could approach them with any problems they had.

Good



Summary of findings

Staff told us that they were given good direction by the management team.	
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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.

Our inspection was unannounced and took place on 24 August 2015. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We asked the local authority their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We spent time with and/or spoke with all of the people who lived at the home. We spoke with three relatives by telephone. We spoke with four staff and the registered manager. We looked at the care files for two people and medicine records for six people, recruitment and supervision records for two staff who had been employed within the last year, the training matrix, complaints and quality monitoring processes.

Is the service safe?

Our findings

People we spoke with told us that they were protected from abuse. They told us that they had not experienced anything that worried them. A person said, “No” [They had not experienced abuse]. Relatives we spoke with did not have any concerns about their family member being at risk of harm or abuse. All staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. A staff member told us, “I would report to my manager immediately”. We found that the registered manager had reported to us and the local authority any concerns they had and had taken appropriate action to decrease any risk of harm to the people who lived there. We saw that there were safe systems in place for the storage of people’s money to prevent financial abuse. A person said, “The staff look after my money”. We saw that people’s money was kept safely and robust records were maintained to confirm money deposits and money spent. We checked two people’s money against the records and found that it balanced correctly.

People who lived there felt safe. A person told us, “I feel safe here”. Relatives we spoke with all told us that in their view the people who lived there were safe. We saw that risk assessments had been undertaken to explore any risks and reduce them. The registered manager told us how they monitored incidents, accidents and untoward occurrences to identify any trends or patterns. Staff and records confirmed that where risks were determined due to people being at risk of falling referrals were made to physiotherapists and occupational therapists for equipment and guidance. We saw that the registered manager maintained records and undertook monthly analysis of falls and incidents. These actions demonstrated that the provider knew the importance of keeping people safe.

Our observations showed that at meal times due to a high number of people requiring specialist wheelchairs which were big, space was limited. Which may mean in an emergency, such as a person being unwell or a fire breaking out, it could prevent staff getting to people quickly. We discussed this with the registered manager who told us that they would risk assess the situation to ensure that people were safe.

Staff had the knowledge of how to deal with emergency situations. A qualified nurse was on duty at all times and care staff told us and records confirmed that they had received first aid training. We asked staff what action they would take in the event of an emergency. One staff member explained the process they would follow if a person suffered from a seizure or was bleeding due to an injury. This demonstrated that staff would respond appropriately in the event of an emergency to minimise the risk of people’s conditions or circumstances deteriorating.

People told us that staff gave them their medicine in the way that they preferred. A person who lived there told us that they were happy for staff to look after their medicines. They said, “I like the staff to give me my tablets”. From looking at records and speaking with people who lived there and staff we found that people had been informed about their medicine and that people gave day to day informal consent for staff to give them their medicines. During the morning we observed the registered manager giving people their medicines. We saw that they explained to each person that they were giving them the medicines and why. We saw that each person willingly took their medicines.

We found that the registered manager regularly checked the Medicine Administration Records (MAR) to confirm that they had been properly maintained. We saw that there was a running total of all tablets that were checked at least daily. We counted two people’s tablets against the number highlighted on the medicine records and found that they balanced correctly. This demonstrated that people received their medicines as they had been prescribed by their doctor.

People’s medicine records highlighted that they had been prescribed some medicine on an ‘as required’ basis. Generally, we saw that care plans were in place to instruct the staff when the medicine should be given. This gave people assurance that their medicine would be given when it was needed and would not be given when it was not needed. The as required medicine for one person was not available. The registered manager told us that the person no longer needed the medicine. They told us that they would contact the GP and ask them to formally discontinue it.

We saw that at least five MAR had been handwritten. These had not been signed by two staff to ensure that what had

Is the service safe?

been transcribed was correct to prevent the wrong dose being given and ill health to people. We raised this with the registered manager who told us that they would take action to make sure this was rectified.

People told us that there were enough staff to meet their needs. A person said, "The staff are here to look after me. I am going out today with staff". Staff we spoke with told us that in their view there were enough staff. We observed staff supporting people and saw that there were enough staff to support people during the day and take some people out into the community. Staff told us that they covered each other during holiday time and that there were staff that could be called upon (bank staff) to cover staff absence. We found that this was correct as a bank staff member was on duty on the day of our inspection. All staff told us and staff rotas confirmed that a registered nurse was on duty at all times to meet people's nursing needs. This ensured that staffing was appropriate to meet people's needs appropriately and in the way that they preferred.

Staff rotas highlighted and the registered manager confirmed that there had been times when staffing levels had not been as they should. They told us that this was due to a variety of reasons. The registered manager told us that they had recruited new staff and this had improved the situation. Rotas for September and October 2015 confirmed this improvement. Records that we looked at confirmed the start dates for new staff.

We found that care staff were also responsible for laundry, cooking and cleaning duties. We observed that a staff member when engaged talking to a person there excused themselves and went to attend to laundry tasks. We spoke with the registered manager who told us that they would monitor the situation to ensure that time with people was not disrupted by household chores. They said, "I always stress that the residents [People who lived there] must come first".

Safe recruitment systems were in place. Staff confirmed that checks had been undertaken before they were allowed to start work. A staff member told us, "No staff are allowed to start work until all the checks had been done". We checked two staff recruitment records and saw that pre-employment checks had been carried out. These included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We also checked and found that the nurses were registered with the Nursing and Midwifery Council (NMC) which confirmed that they were eligible and safe to practice. These systems minimised the risk of unsuitable staff being employed.

Is the service effective?

Our findings

People who lived there and their relatives were happy with the service provided. One person said, "I really enjoy it here". Another person said, "I like it here". A relative said, "Fantastic, there's no comparison about the care he has here to anywhere else". Another relative told us, "It's just perfect. We never want him [Their family member] moved from here". Staff we spoke with told us in their view the service provided was effective and met peoples needs. A staff member said, "I think we provide very good care".

Staff had induction training and felt supported on a day to day basis. A staff member told us, "I had induction when I started". Another staff member said, "The manager or a nurse are always on duty to give us help and support". Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. We saw evidence to confirm that the provider had introduced the new 'Care Certificate'. The care certificate is an identified set of standards that care staff should adhere to when carrying out their work.

A staff member told us, "We have regular meetings and I have a supervision session". Other staff we spoke with also told us that staff meetings and one to one supervision took place regularly. Records that we looked at confirmed this. We saw where problems had been identified; these were discussed with staff during their supervision and where appropriate measures put in place to assist the staff member with additional training and support.

People and relatives we spoke with all told us that the staff looked after them [or their family member] well. A staff member told us, "I feel trained and confident to do my job". Staff we spoke with confirmed that they had received the training they needed. The training matrix and staff files we looked at confirmed that staff had received most of the mandatory and specialist training for their role which would ensure they could meet peoples individual needs.

A person told us, "I go out". We found by speaking with staff that they had knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding (DoLS). Staff we spoke with knew that they should not restrict people's freedom of movement unless it was vital and or approved by the local authority. DoLS are part of the MCA they aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom.

The training matrix and staff training certificates that we looked at confirmed that staff had received MCA and DoLS training. The registered manager had referred a number of people to the local authority in relation to some people being constantly supervised. This demonstrated that action was taken to ensure that people were not unlawfully restricted.

A person said, "They [The staff] ask me". Staff we spoke with understood the importance of asking people's permission before they provided support. A staff member said, "We always ask people if they would mind us doing something for them". Our observations confirmed this. We heard staff explaining to people that they may need to be moved from one chair to another for their comfort. We also heard staff explaining to a person that they needed to move from one place to another and gave them the support to walk. We heard staff asking people if they would like to go out and where. In both instances the people willingly acted to undertake the tasks which demonstrated that they were happy to do so.

A person told us, "We have what we want to eat". Another person told us, "I like the food and there is plenty of it". Staff ensured that people were offered the food and drink that they preferred. We looked at people's care plans and saw that their food and drink likes, dislikes and risks had been determined. People and staff both told us that the menus had been decided on by the people who lived there. At breakfast and lunch time we heard staff asking people what they would like to eat and provided them with what they asked for. One person asked for a sandwich and told us, "I had egg sandwiches and a cup of tea, lovely".

We found that people had been referred to external health professionals regarding identified risks concerning eating and drinking. There were instructions for staff to follow in the care plans to ensure that people were supported effectively. Care plans highlighted that some people were at risk of choking when eating and drinking. Staff we asked were aware of what was written in the care plans and what they needed to do to reduce any risks to people. They told us about using thickening agent in drinks and ensuring that food consistency was correct for each person. This ensured that risks to peoples health was decreased.

A person told us that they had their eyes tested. Another person said, "If I needed the doctor, they [The staff] would always get the doctor quick". A relative said, "If staff were worried, they would contact the doctor quickly and they

Is the service effective?

always let me know". Staff we spoke with told us that they supported people to access health and social care appointments. Records we looked at confirmed that where staff had a concern they referred people to their doctor and

a wide range of external health professionals which included the dietician, occupational therapists and speech and language therapists. This ensured that people accessed the health attention they needed.

Is the service caring?

Our findings

All of the people and relatives we spoke with were very happy and complimentary about the staff. A person told us, "They [The staff] look after me and are nice". A relative told us, "Every member of staff is nice with him [Their family member]". Another relative said, "The staff are lovely with him". [Their family member]. A third relative said, "The atmosphere is so calm and relaxing". We observed that staff were friendly towards people. Our Expert by Experience told us that they had seen throughout the day staff being kind and friendly to the people who lived there. We heard staff asking people how they were and showing an interest in what they were doing. A staff member told us, "It is a small home and the residents are like our family. We treat them as we would expect our family to be treated. We really do care for them".

People told us that the staff were polite. Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of giving people personal space and ensuring doors and curtains were closed when supporting them with their personal care.

A relative told us that when they visited their family member they could use their bedroom for privacy. They said, "We can sit in the bedroom and staff bring us tea and biscuits". A person told us about their visitors and how much they enjoyed seeing their family. Relatives told us that they could visit whenever they wanted to. They told us that staff made them feel welcome.

A person said, "I do some things for myself". Records that we looked at confirmed that both people were encouraged to undertake a range of daily living tasks which was confirmed by staff we spoke with. We saw that staff encouraged and enabled people to be independent. We saw staff encourage people to walk rather than use a wheelchair to maintain their mobility. We observed staff encouraging one person at mealtimes to do as much as they could for themselves. We heard a staff member say to a person, "Have a go and if you can't I will help you" in a very encouraging manner. The person undertook the task and was smiling, happy with their achievement.

A staff member said, "We have a confidentiality policy. We do not discuss any person outside or anything about the home". Staff we spoke with told us that they knew that they should not discuss people's circumstances with anyone else unless there was a need to protect their health and welfare (such as social workers or the person's GP). Staff records that we looked at confirmed that staff had read the provider's confidentiality policy.

A person said, "Oh yes I always wear what I want to". They also said, "The staff take me to get my hair cut and dyed. I like it". Staff knew that people liked to dress in their preferred way and were able to tell us about people's favourite clothes and jewellery they liked to wear. A relative told us that their family member was always presentable. People smiled and looked happy as staff complimented them on their appearance and told them that they looked nice.

With their permission we looked at people's bedrooms. A person told us, "I like my bedroom". All bedrooms were very personalised and 'homely'. People told us and staff confirmed that people choose their own décor and furnishings to ensure that they were to their liking. We saw that people had their own personal possessions in their rooms including photos and items of interest.

People confirmed that staff communicated with them in a way that they understood. A person said, "I can speak and understand". Care plans that we looked at highlighted how people communicated best. Our observations during our inspection demonstrated good communication between staff and the people who lived there. We saw that staff spoke with people verbally and by using people's individual hand and body gestures. We observed that staff and people understood what the other was communicating. When staff spoke with one person they responded appropriately to what had been said.

The registered manager told us and we saw records to confirm that if people were unable to make decisions a social worker or an independent person (an advocate) would be secured to assist them. We saw that there were contact details on display for people or their relatives to secure an advocate if they needed to.

Is the service responsive?

Our findings

The registered manager told us and records that we looked at confirmed that prior to people living there an assessment of need was carried out. This involved the person and/or their relative or social services staff to identify their individual needs, personal preferences and any risks. Staff told us that following the assessment of need each person would be offered the opportunity to visit the home and spend time there for a meal and overnight stay. This would allow the person to decide if the home would be suitable for them.

A person said, "I am happy with things". Relatives told us that they had been involved in the planning of their family members care. They told us that they were involved in meetings and reviews to make sure that their family member was supported and cared for in the way they preferred. The care plans that we looked at captured peoples needs and preferences to ensure that they were looked after in the way that they wanted to be.

A person said, "The staff know what I like and don't like". A relative told us, "The staff are very good because they know him [Their family member] really well. They know all his likes and dislikes". Care records that we looked at contained some history about each person. Documents highlighted important things about each person including their family members, where they lived previously, what they liked and did not like. We read this information and asked staff about individual people. Staff had a good knowledge of what was written in the documents. A staff member said, "All of us [The staff] know the people who live here well".

People could be supported to attend religious services if they wanted to. A person said, "I can go [To a religious service] but I don't". Staff told us during recent years how they had supported people to attend their chosen place of worship. Records that we looked at confirmed that people had been asked about their preferred faith and if they wanted to follow it.

A person told us, "I go out every day. I am going to the pub today". Another person said, "There are lots of things to do". A relative said, "The staff always find things to do that interests him [Their family member]". Another relative told us, "The staff take him [Their family member] shopping and out regularly for meals at the local pub". One person enjoyed watching the news on television to keep up to date on current issues. They commented on a plane crash that had happened during the weekend. All people enjoyed the 'music man' that visited the home every week. The music man came to the home to do a session during our inspection. We saw that people enjoyed the session they joined in and were smiling. People were supported to go on holidays of their choosing. Holidays over recent years included Disneyland Paris and Lap Land. Two people were smiling when staff discussed with them a holiday they were going on the week after our inspection. This demonstrated that staff supported people to enjoy their chosen individual leisure time pursuits.

People told us that staff asked them about their care. We saw completed surveys on their files. The overall feedback was positive and confirmed that people were satisfied with the service. The content of the surveys highlighted that staff asked people about their care and support and they were happy with for example, the meals, the staff and activities.

A person told us if they were not happy they would tell the staff. A relative told us that their family member was, "Safe and well looked after and that they would be the first one to raise concerns with the manager if they thought he wasn't". Another relative said, "I have never had cause to complain and have never witnessed anything that I would want to complain about. They said that they would definitely know if something was amiss with their family members care and treatment and would bring it immediately to the attention of the staff and/or manager". Relatives told us that they were aware of the complaints procedure. The complaints procedure had been produced in words and pictures to make it easier for people to understand. No complaints had been received over recent years.

Is the service well-led?

Our findings

A person told us, “I think it is good here”. Another person said, “I like it here”. Relatives we spoke with were all complimentary about the service provided. A relative said, “It is such a lovely place”. Another relative told us, “It is very good”. Staff we spoke with were positive about the service and told us that in their view it was well led.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a deputy manager and team of nurses. One person said, “I know who the manager is and told us the manager’s name”. Other people we spoke with knew who the registered manager was and felt they could approach them with any problems they had. Relatives we spoke with told us that they had confidence in the registered manager. One relative said, “The manager is really on the ball with everything”.

The registered manager made themselves available and was visible within the service. Our conversations with the registered manager confirmed that they knew people who lived there well. The registered manager and rotas confirmed that the registered manager worked one day a week ‘on the floor’ as the nurse. They told us that way they could see exactly what was going on and were up to date with peoples needs.

A person said, “The staff ask me things and if I want things changed they do”. Staff we spoke with and records that we looked at confirmed that the provider ensured that meetings were held and surveys were used to determine peoples satisfaction. The feedback from these were positive and indicated that people could ask for changes to be made to their support plans and daily routines.

The provider had developed and implemented a range of monitoring systems which ensured that people received a safe, quality service. Internal audits were undertaken and we saw records to confirm that those relating medicine and the safekeeping of peoples money were carried out frequently. The provider also ensured that monitoring took place by staff external to the home. We saw that these were undertaken regularly. Staff told us and records confirmed that managers regularly undertook ‘spot checks’ of staff work. We saw from staff meeting minutes that where shortfalls were identified this was discussed with staff to ensure that action was taken to address any issues.

The registered manager produced and submitted a business plan to the provider regularly. Contained within this were goals and wants for the coming year. The business plan that we looked at clearly illustrated that any changes or wants were for the benefit of the people who lived there.

Although we had not requested a Provider Information Return (PIR) the registered manager had been pro-active and downloaded the document and had started to complete this. A PIR 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 service had a good history of meeting the law and regulations. At our last inspections 2012 and 2013 the provider was meeting all of the regulations that we assessed. To ensure that the meeting of the regulations was maintained the registered manager had produced some learning packs which they showed us that they were to introduce. These were for staff concerning recent changes in legislation and the way they should work to meet the law whilst they were at work.

A person said, “The staff are good and do what I want”. Our conversation with the people who lived there and their relatives confirmed that the staff were well led and worked to a good standard. Staff told us that they felt supported by the registered manager and provider. A staff member told us, “I feel very supported by the managers and nurses”. We can contact them for advice at any time”. Another staff member said, “We are given direction and can raise any issues”. Staff also told us that the service was well led and that they were clear about what was expected from them.

The staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. One staff member said, “If I saw anything I was concerned about I would report it immediately to the person in charge or to the manager. We have policies and procedures regarding whistle blowing”. We saw that a whistle blowing procedure was in place for staff to follow. This demonstrated that staff knew of the processes that they should follow if they had concerns or witnessed bad practice.