Lonsdale Midlands Limited

New Street North

Inspection report

1-5 New Street North
West Bromwich
West Midlands
B71 4AQ

Tel: 01215531755

Date of inspection visit:
10 January 2017

Date of publication:
30 January 2017

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Our inspection was unannounced and took place on 10 January 2017.

The provider is registered to accommodate and deliver personal care to eight people. At the time of our inspection five people lived at the home. People lived with complex needs relating to their learning disability or an associated condition.

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.

At our last inspection on 5 January 2016 although the evidence we gathered did not show that there had been a breach of regulations we found that some improvement was required as some incidents of aggression between people had not been reported to us or the local authority safeguarding team. We found that improvements regarding this had been made.

People were not always offered or enabled to engage in community recreational activities that they enjoyed and met their preferred needs. Formal provider feedback forms and questionnaires had not been used for some time to determine people's views. Systems were in place for people and their relatives to raise their concerns or complaints.

Staff had received training and had taken appropriate action to minimise any risk of harm or abuse to the people who lived at the home. People were kept safe by the staff. Staff were trained and assessed to manage medicines safely. Medicines had been given to people as they had been prescribed. Staff were available to meet people's individual needs. Recruitment processes ensured that unsuitable staff were not employed. People were supported by an adequate number of staff.

Staff received induction training and the day to day support they needed to ensure they met people's needs and kept them safe. Staff had received or were to receive the training they required to support the people in their care. People received care in line with their best interests ensuring they were not unlawfully restricted. Staff supported people with their preferred diet and fluids. People had access to a range of health and social care professionals which helped to promote their health and well-being.

People were cared for by caring staff who knew them well. Relatives were made to feel welcome when they visited.

Relatives and staff felt that the quality of service was good. The management of the service was stable. Audits and checks were undertaken to ensure that the service was run in the best interests of the people who lived there.

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.

The registered manager had followed safeguarding processes to ensure that the risk of harm and/or abuse was reduced.

Medicines were given to people as they had been prescribed.

There were adequate numbers of staff that could meet people's needs.

Recruitment systems helped to minimise the risk of unsuitable staff being employed to work at the home.

Is the service effective?

Good

The service was effective.

Staff had the knowledge they needed to meets people's needs in the way that they preferred.

Due to staffs understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS), people were supported appropriately and were not unlawfully restricted.

Staff supported people with their nutrition and dietary needs to prevent a risk of ill health.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

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

Relatives could visit when they wanted to and were made to feel welcome.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's community recreational needs were not being met.

The provider had not recently used formal processes such as feedback forms to determine satisfaction or any possible un-satisfaction with the service.

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.

Is the service well-led?

Good

The service was well-led.

The provider had notified us of incidents that had occurred, and had displayed the rating from our last inspection, as they are required to by law.

There was a leadership structure in place that staff understood. There was a registered manager in post who was supported by a deputy manager. Staff felt adequately supported by the management team.

The management of the service was stable. The provider had undertaken audits to determine shortfalls or see if changes or improvements were needed.

New Street North

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 10 January 2017. The inspection was carried out by one inspector and an expert by experience. The expert by experience was 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 for 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 met all five of the people who lived at the home and spoke with two. We spoke with four care staff, the deputy manager and the registered manager. We also spoke with four relatives. We spent time observing in communal areas to determine the interaction between staff and the people who lived there. We looked at the care files for two people, medicine records for two people, recruitment records for three staff, training and supervision records, complaints, safeguarding and quality monitoring processes.

Good

Is the service safe?

Our findings

At our previous inspection we identified that there had been a number of aggressive incidents between the people who lived at the home. The incidents had not been reported to us or the local authority as is required by law. Since that inspection the registered manager has reported incidents that required reporting and told us that there had not been any other issues. This was also confirmed by staff we spoke with. A staff member said, "I am not aware of any abuse between people or incidents between staff and people. If there was anything I would report it". Another staff member told us, "No aggression between people. It would be reported". We checked two people's daily records which did not highlight any incidents of aggression with other people.

Two relatives gave the same answer, "There is no abuse". Another relative said, "They [staff] have eyes everywhere everything is 100%", [meaning staff prevent abuse]. Staff we spoke with told us that they had received training on safeguarding and told us that if there were any concerns they would report them. The deputy manager told us that it was only senior staff that had access to people's money. They also told us that the money was checked at the start and end of staff shifts to ensure that the money was correct. Records that we looked at confirmed this. We checked the records and money held in safe keeping for two people. For both people the records and money balanced correctly. This showed that the provider had procedures in place and that staff were aware that they should follow to ensure that people were safeguarded.

A relative told us, "Yeah, he [person] is always safe". Another relative said, "She [person] has lived there quite a few years. She is most certainly safe". A staff member said, "I think people are kept safe. We know who is at risk of seizures and monitor to be at hand to support to prevent injuries". Another staff member told us, "I know people's risks and how to manage them". A staff member told us, "They [person's name] has moved into a bedroom downstairs because of falls. They are safer there". We saw that risk assessments had been undertaken to look at people's risks. These risks related to falls, going out into the community, bathing and going into the kitchen". A staff member told us, "Although a number of people can walk safely in the home it is different when they go out. A number of people need a wheelchair otherwise they would fall". Staff told us and records confirmed that regular checks were carried out relating to fire prevention and firefighting equipment. This highlighted that the provider had taken action to promote people's safety.

A relative told us, "There are enough staff, yes". Staff we spoke with told us that there were adequate staff to supervise and to provide support. We observed staff were available during the day to supervise people and to keep them safe. A staff member said, "We've got bank staff so we're never short of staff". As at our previous inspection the registered manager told us that staff covered each other during holiday time. They also told us that there were bank staff that could be called upon to cover staff absence (bank staff are just called upon when needed rather than having regular contracted work). These actions gave people assurance that they would be supported by staff who were familiar to them and knew their needs.

A staff member said, "Oh everything was done before I started work. References and health checks". Other staff we spoke with told us that checks were always carried out before any staff were allowed to start work.

This was confirmed by the registered manager. We checked three staff recruitment records and saw that pre-employment checks had been carried out. These included the obtaining of references and a check 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. These actions decreased the risk of unsuitable staff being employed.

A staff member said, "I have not had the training yet, so I do not give tablets to people. We can only do that when we are safe to do so". The registered manager and other staff we spoke with told us that only staff who had been trained and deemed as competent to do so, were allowed to manage and administer medicines.

We found that medicines left over from the previous month or months had been carried over onto the current records. This meant that there was always a record of the exact amount of medicine available and an audit trail for staff to follow if a medicine error occurred. We counted two people's medicines to confirm if the number of medicine available balanced correctly against the Medicine Administration Record [MAR]. One did balance correctly but for the other, there was a small discrepancy. The registered manager told us that they felt that this was a recording issue and would look into this. We also found that one person had been prescribed a thickening agent to prevent them from choking whilst drinking. However, records did not confirm that the thickening agent had been used in drinks. All staff we spoke with told us that the person was never offered a drink without the thickening agent being added and this was confirmed by the registered manager. The registered manager told us that they would implement a process to document each time the thickening agent was added to the person's drink.

Some people's MAR that we looked at highlighted that they had been prescribed medicine on an 'as required' basis. We saw that there were protocols in place to instruct the staff when the medicine should be given. Staff we spoke with knew of the protocols and told us that they followed them. This ensured that staff had clear guidance as to when a person's medicine should be given.

We saw that medicines were stored safely in locked cupboards this prevented unauthorised people accessing the medicines. We also saw that processes were used for ordering and returning unused medicine to the pharmacy. This meant that people's medicine would be available for them to take as they had been prescribed. The deputy manager and other staff we spoke with confirmed that medicine audits were undertaken on a weekly basis. Records that we looked at confirmed this. The undertaking of the audits should give people and their relatives confidence that medicines would be given as they had been prescribed.

Good

Is the service effective?

Our findings

A relative said, "I'm absolutely satisfied". Another relative told us, "Most definitely it [the service] is 100% [effective]". A third relative said, "Overall I think it's very good. He [person's name] probably gets a better life than me". A staff member told us, "The people here are looked after well. They have a good service". Our observations showed that people were happy and mostly calm. Where people became upset or agitated staff interacted and calmed them quickly.

As potential new people were going to move into the home a number of new staff had been employed to enure that all people's needs would be met. One new staff member said, "My induction training was very good I did training and am doing more training all of the time. I looked at care plans and records, met the people and I worked with experienced staff for a week before I worked on my own". Staff files that we looked at confirmed that induction training had taken place. The registered manager told us that the new staff were working towards the 'Care Certificate' and this was confirmed by staff we spoke with. 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, "I feel very supported. A senior staff member or the manager available for help and advice. I only have to ask if I don't know something. I am learning all of the time". Other staff we spoke with told us that they felt supported on a day to day basis. A staff member told us, "I have supervision sessions with the manager". Another staff member said, "I had my probation meeting last week". Records that we looked at confirmed that dates within the next four weeks had been arranged for each new staff member for their 'probation meeting' and supervision and appraisal dates for established staff.

Relatives who we spoke with told us that the staff provided effective support. A staff member said, "I have had a lot of training. I am new and realise that I have a lot to learn and I have more training to do. I feel confident about my role though". Another staff member told us, "I have done training and am doing some more soon". Training records that we looked at highlighted some gaps in staff training. The registered manager told us, and showed us documentary evidence to confirm that a range of training was to be delivered to staff in the next few months. The registered manager also said, "I have identified the gaps in some staff on-line training and have asked them to complete what they need to do. For those who have not I will raise this in their supervison meetings to ensure that it addressed".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

A relative said, "She [person's name] is definitely not restricted, she goes out every day". We checked whether the staff were working within the principles of the MCA and whether any conditions on

authorisations to deprive a person of their liberty were being met. We found that they were. The registered manager told us and records that we looked at confirmed that an application for each person had been made for a DoLS assessment. We identified people that had DoLS approvals. Staff we spoke with were all aware of MCA and DoLS. The staff knew the reason for the current DoLS approvals and knew that people should not be restricted for reasons other than what had been approved.

A relative told us, "Consent, they [the staff] always talk to her [person's name] and encourage her". A staff member said, " I always ask people if it is ok before I do anything for them". Other staff we spoke knew that they should ask people's permission before they provided support. We heard staff suggesting to people that they should put their coats on before they went out into the community. We saw that people looked relaxed and co-operated in this task that showed their agreement. We heard staff during the day making suggestions about activities and people joined in willingly that also showed their agreement.

A person told us that they liked the food and drink. A staff member told us, "The staff know what people like. They would refuse to eat anything they did not like". Another staff member said, 'We offer two meal choices. The staff help people to decide what they would like". As with our previous inspection we saw that staff ensured that people were offered the food and drink that they preferred and we saw staff giving people choices. We looked at care plans and records and saw that people's food and drink likes and dislikes were recorded. Food stocks were plentiful and varied to ensure that people would be offered the food and drink that they liked. We observed that mealtimes were flexible to meet people's needs and preferences.

A staff member told us, "At no time are any of the people left to eat alone at mealtimes. We stay and give support to make sure that people do not choke". Staff we spoke with had a good knowledge of people's individual risks relating to their eating and drinking and what they should do to prevent the risks. Where there was a risk of weight loss or choking records highlighted, and staff confirmed, that people had been referred to the dietician or speech and language therapist for assessment and guidance for staff. Staff told us that one person had been supported to intentionally lose weight to improve the consequences of a health condition and records that we looked at confirmed this. A person's care plan highlighted that they required a 'plate guard' to enable them to eat independently. We saw that the plate guard was made available at the lunch time meal. This showed that people were supported to eat and drink safely and independently.

A person nodded when we asked if they had seen the doctor. As with our previous inspection staff we spoke with told us that they accessed health and social care services for people and 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 specialist hospital consultants. This ensured that people accessed the health attention they needed to promote their good health. We saw that information for each person was available if they needed to be admitted to hospital. This highlighted for example, their health needs and likes and dislikes. This would help hospital staff to look after them effectively and safely.

Good

Is the service caring?

Our findings

Relatives we spoke with described the staff as being caring. A relative said, "The staff are friendly and helpful". Another relative told us, "I get on well with the ones [staff] I speak with on the phone" and, "They [the staff] are attentive to [family member's name]. A staff member said, "I think all staff are very caring". Another staff member told us, "All staff are very caring and kind. I look upon the people here as my family and care about them very much". Generally we saw that staff showed compassion and kindness to people. As with our previous inspection we heard staff asking people how they were, what they wanted to do, and showing an interest in them. We found that the atmosphere was happy and welcoming. We saw people smile and look happy. However, we did hear a staff member say to a person, "Don't be silly". Which the person could have been offended by. We spoke with the registered manager who told us that they would monitor the staff and raise the issue at the next staff meeting and supervision sessions.

A relative said, "The staff are always polite most definitely". A staff member said, "When we shower people we do this sensitively. We cover people up to prevent them being embarrassed". Another staff member said, "We close doors when people are using the toilet". As with our previous inspection staff told us that some people liked to spend time alone in their bedroom for short periods of time. Records highlighted that they were enabled to do this. This showed that staff acted in a way that promoted people's privacy and dignity.

A staff member said, "They [the person] has their own way of communicating and told us what this was. We saw staff and the person using this mode of communication and it worked as the person responded appropriately and happily. Other staff members also told us how each person communicated. We saw that each person had a communication book that confirmed what we had been told. We saw that staff knew how to communicate with people in a way they understood. We observed staff communicating with people verbally and by using signs and hand gestures.

A person smiled and pointed to the clothes they were wearing. Another person showed us their nail varnish and nodded smiling. We saw that people wore clothes that reflected their individuality and were appropriate for the weather. Staff we spoke with knew that people liked to dress in their preferred way. A staff member told us, "All staff encourage people to select what they want to wear. People either choose or we select a number of clothing items and they point to what they want to wear". Another staff member said, "We support people to go shopping so that they can select the clothes they like". We saw that people had their hair styled in different ways. This showed that staff were aware and took action to ensure that people presented themselves to their own personal choice.

A person was smiling and pointing to themselves confirming that they liked to help in the kitchen. Staff told us that the person liked to help in the kitchen and records we looked at confirmed that they did this. Staff told us that other people went with staff to do food shopping and helped with household chores that included dusting and cleaning. A staff member said, "We encourage people to do what they can to promote their independence". This showed that staff knew the importance of encouraging people to be independent and supported them to be so.

A relative told us, "I can visit and the staff always make me a cup of tea". As with our previous inspection staff told us and records we looked at confirmed that people liked visits from and to see their families. They told us that they enabled visits by transporting people to see their families and allowing flexible visiting times.

We saw information displayed giving contact details for advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The registered manager told us and records confirmed that they referred people to advocacy services when the need arose. Records we looked at confirmed that at least one person had regular input from an advocate.

Requires Improvement

Is the service responsive?

Our findings

A relative told us, "She [person's name] goes out every day". Another relative said, "They [the staff] always interact and take him [person's name] out". However, some relatives felt that activity provision could be better. One relative told us, "They [person's name] doesn't go out as much as they did". At our previous inspection people went out early and returned late. We saw that they enjoyed their days out as they were happy and smiling on return. This inspection, although people went out, it was only for a short time. We looked at people's individual activity planners that included swimming and cinema. However, their daily notes confirmed that these activities had not taken place. We asked the registered manager about this who said, "Over the holidays [Christmas] activities have been less. This mainly is due to the fact that it is school holidays and places are busy". Staff did not tell us and there were no records to confirm that during this time alternative community activities were offered to people. This meant that people's community activity needs had not been met at that time. During the day we saw that one person was colouring a book, another looked at a shop catalogue and a music and dancing session took place that people joined in.

At our previous inspection the registered manager told us, "I know that there is work to do regarding the use of questionnaires and surveys. It is something that I am going to do in the near future". However, we found that this had not progressed. No reason was given as to why this had not progressed. The last provider surveys and questioners that we saw had been completed in 2015. This meant that the provider had missed the opportunity to formally seek the views of relatives, people, staff and external agencies involved in people's support to determine their satisfaction or possible dissatisfaction with any areas of the service provided.

People could be supported to attend religious services if they wanted to. Records that we looked at confirmed that relatives had been asked about their family members preferred faith and if they wanted to follow this. Staff we spoke with confirmed if people wanted to follow their faith they would be supported to do so.

A relative told us, "She [person's name] gets what she wants. Daily the staff change things to meet her mood. If she's down they up the care. The staff do more than what's necessary, they're always re-assessing". Another relative said, "They [the staff] invite us to reviews". This ensured that family members could give their views to ensure that needs and changing needs were met in the way people preferred.

A staff member told us, "I think the staff know all of the people here well". The care plans that we looked at reflected people's needs. When we asked staff about individual people they had a good knowledge of their needs. Records showed and relatives confirmed that they had been involved in their family member's care planning to ensure that they reflected needs and preferences.

At our previous inspection the registered manager told us that they had been working with people's doctors, spoken with relatives and staff had been trained to administer a new medicine. This medicine was to manage seizures. The registered manager told us that the new medicine [that would be placed in a person's mouth rather than rectally as was the case before] had been prescribed and had worked better. This was

confirmed by the deputy manager who said, "It is much better, more dignified. People can be given the medicine easily if it is required when they are out in the community". This showed that the registered manager had been responsive to enhance people's safety and quality of life.

A relative said, "No, I have never complained. I have not had any concerns. He [person's name] always seems happy". Another relative told us, "I've never had any issues. I would be the first to voice them. It's no good holding back." Relatives told us that they knew how to complain. A relative said, "I would tell staff". We saw that the complaints procedure was available within the home. It had been produced in words and some pictures that could make it easier for people to understand. No complaints had been logged and the registered manager confirmed that they had not received any.

Good

Is the service well-led?

Our findings

At our last inspection we identified that the provider had not notified us about issues or incidents that they needed to. Providers are required legally to inform us of incidents that affect a person's care and welfare. Since our previous inspection improvements had made as the registered manager had informed us and the local authority safeguarding team of concerns and incidents that had occurred. It is a legal requirement that the current inspection report and rating is made available. We saw that there was a link on the provider's web site to our last report and rating and the report was on display within the service. This showed that the provider was meeting those legal requirements.

A relative told us, "The service is absolutely excellent, I couldn't wish for anything better for [person's name]". Another relative said, "Overall I think it's [the service] is very good". All staff we spoke with told us that in their view the service provided was good and well-led.

A relative told us, "The manager she's been at the home for a year. I have met her. The deputy manager is good too. They are wonderful, so attentive. The manager's very supportive". The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a deputy manager and senior care workers. As with our previous inspection we saw that the registered manager and deputy manager were visible within the home. We saw them interact with the people who lived at the home. The people who lived at the home knew both the registered manager and deputy manager well and were comfortable in their company. Our conversations with the registered manager and deputy manager showed that they knew all of the people who lived at the home well.

A staff member said, "If we [the staff] need anything we can ring for advice". Other staff told us that there were on-call arrangements in place so that they could access advice and support outside of business hours.

All 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, "I know what whistleblowing is. I had training about that. I would be protected if I reported any concerns". We saw that a whistle blowing procedure was in place for staff to follow.

The registered manager told us and records confirmed that checks and audits were carried out regarding medicine safety, the safekeeping of people's money and care records. The registered manager had identified the issues regarding some gaps in staff training and had taken action by reminding staff and arranging probation and supervision meetings to address this. The registered manager told us that the provider had an audit team who carried out full audits of the home twice a year. We saw the report from the last audit and that there had been a follow up visit to judge if the recommendations from the full audit had been met. The provider's latest audit using their own framework had scored the home as 'good' These checks and audits would give people and their relative's assurance that the service provided was monitored to promote people's safety and well-being.