

Caldmore Area Housing Association Limited

Lonsdale House

Inspection report

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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

The inspection took place on 27 May 2015 and was unannounced. At the last inspection in December 2013 the provider was meeting all of the requirements that we looked at.

Lonsdale House provides accommodation for adults with mental health problems. At the time of the inspection there were 14 people using the service. The service had 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.

People were kept safe and protected from harm by staff who had a good understanding of safeguarding and the different types of abuse. Staff members we spoke with were all confident in reporting any concerns and knew the correct process to follow. People had detailed risk

Summary of findings

assessments that clearly set out the risks involved with their care with clear guidance for staff to manage these risks and keep people safe. There were enough staff to provide people with the level of support they required.

People's medicines were managed safely, and people were supported to manage their own medicines wherever possible. We saw that medicines were all stored correctly in locked cabinets and there was a clear process for recording and auditing medicines so that they could all be accounted for.

People were cared for by staff who were well trained and supported, and were confident in providing people with effective care that met their needs.

People were asked for their consent for care and were provided with care that protected their freedom and promoted their rights their rights. Staff asked people for their permission to perform care tasks and gave people choices about their support.

People received the food and drink they required, and were supported to shop and cook for themselves wherever possible. We saw that people had a choice from the menu which was available in all the communal areas. People were able to request different meals if they did not like the choices on the menu.

We saw that staff had good caring relationships with people and knew each person's individual preferences and needs well. People told us they liked the staff and felt the service was caring and supported them well. Staff

respected people's privacy and personal space. We were told that staff used the monitors to talk to people in their rooms and asked permission to come in and to perform any care tasks required.

People had detailed care plans that were personalised to their particular needs, and staff had a good knowledge of these plans. People had been involved in the development of their care plans, and were involved in the reviews along with family members and other professionals involved in their care.

The provider had a complaints policy in place and people knew how to make a complaint or give their feedback about the service. People told us they felt confident to raise any issues with members of staff or the registered manager, and that their concerns would be listened to and addressed.

The service had an open culture that encouraged people to be involved in the service. There were regular resident meetings that allowed people to discuss their feelings about the service and talk through any issues or suggestions they had.

There were regular audits as part of a quality assurance programme to make sure that people received high quality care. We saw details of these audits and updates to people's care records from these. We saw there were regular reviews of care files to make sure they were kept up to date to reflect people's changing needs.

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.

Staff knew how to identify and report any suspected harm or abuse. There were enough staff to provide people with safe care and meet their needs. People's medicines were managed safely with clear recording and audit trails for people's medicines.

Good



Is the service effective?

The service was effective.

Staff members were well trained and supported, and had the skills they needed to support people in the home. People had the food and drink they required and were given choices about what they had. People's health needs were regularly monitored and they were able to access the health services they needed.

Good



Is the service caring?

The service was caring.

Staff had good caring relationships with people and knew their individual needs and preferences well. People's privacy and dignity was respected by staff who knew how people wanted to receive their care and how they wanted to be given information and to make decisions.

Good



Is the service responsive?

The service was responsive.

People had been involved in creating their care plans. These plans were detailed and tailored to the individual, with clear outcomes and goals for people to achieve. The provider had a complaints policy which was advertised in the communal areas and people felt confident in making a complaint or giving feedback about the service.

Good



Is the service well-led?

The service was well led.

The service had an open culture that supported people to be involved through resident meetings and creating new activities for the service. There were quality assurance process in place including regular audits to make sure that people received high quality care.

Good



Lonsdale House

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.

The inspection took place on 27 May 2015 and was unannounced. The inspection was done by one inspector

and one 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 expert by experience had experience of using mental health services.

Before the inspection we reviewed the information that we held about the service. This included notifications sent by the provider including reports of safeguarding alerts and other incidents within the service. We also contacted the safeguarding team at the local authority.

During the inspection we spoke with five people who used the service and four members of staff. We also reviewed three people's care records, five staff files and other records about the running of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe and comfortable living in the home. One person told us, "I feel safe and supported here." Another person told us, "The people are nice here and we get on well."

People were kept safe from harm and any potential abuse by staff who had a good understanding of the different types of abuse and how to report any concerns they had. They told us the correct procedure for reporting any concerns and were confident that people would be able to talk to them about any concerns they had.

We asked people about how they were supported to be safe within the home. One person told us, "If I was worried about anything I could approach a member of staff." Another person told us, "I would tell a member of staff if I didn't feel safe. No particular one as they're all friendly."

There were processes in place for identifying and managing the risks for people and their care. We spoke with staff who told us about the risks associated with the people using the service and how they made sure they understood these risks and managed them effectively to keep people safe. One staff member told us in detail about the risks one person had and the support they provided this person. We looked in the care records for this person and saw a detailed risk assessment that set out the actions as stated by this member of staff. We spoke with this person and they confirmed they felt well supported and were happy with their care. We saw people had detailed risk assessments in their care records which had information about the risks associated with their care and conditions. These included details of behaviours, triggers for these behaviours and techniques to de-escalate these behaviours. People's care records also contained personal evacuation plans and details of the care they required to keep them safe.

There were enough staff to meet people's needs and to provide safe care for people. We discussed the staffing levels with the service co-ordinator and looked at the staff rota and saw there were good staffing levels for the number of people using the service and the complexity of their support needs.

We discussed staff recruitment and saw in the staff files that safe recruitment processes were followed. Staff members told us they had completed all the required checks to ensure they were suitable to work in a care environment. We were told how people had been involved in recruitment, through showing candidates round the home and asking questions in the interviews.

People's medicines were managed safely by staff who understood the medicines policy for the service. Some people managed their own medicines and were encouraged to become more independent with their medicines. We spoke with staff who told us that as people became more independent they took on more responsibility for managing their own medicines and staff checked the stocks of medicines and recorded them. One person told us, "I self-med 4 days a week."

We looked at the Medicines Administration Records (MAR) for three people and checked the stocks of their medicines. We saw that all of the medicines could be accounted for and were recorded accurately on the MAR sheet. There was a clear audit trail for the numbers of tablets within medicines stored in boxes. Numbers of tablets were recorded on the MAR sheets so all staff knew how many tablets should be in each box. One member of staff told us how they used medicine times as an opportunity to talk with people and make sure they had a private space to talk if they needed to. They confirmed they were only able to support people with their medicines once they had completed this course and been supervised by a manager to make sure they could do this safely.

Is the service effective?

Our findings

People told us they liked the staff and found them to be approachable, supportive and skilled in their work. One person told us, “Staff are very friendly and do a good job.” Another person told us, “I like them [staff] very much. I feel the staff are very approachable and have encouraged me in my self-worth.”

People were supported by staff who had the skills they needed to provide effective support for people, having received the training and supervision they needed for their work. We spoke with staff who told us about the different training courses they had been on. One staff member told us about the recent training they had, which covered important areas for working with people with mental health problems. They had also received an update course on medicines. Another member of staff told us, “They’re red hot on training here. I had my safeguarding training update recently and I’m up to date with all the others.”

Staff members completed a thorough induction programme before they started working with people. This made sure they had the skills and confidence in their work to make sure people received the care they needed. One member of staff told us about their induction, which had included training and shadowing experienced staff before starting their full shifts. They told us they felt well supported through this process and had been able to ask for the support they required.

Staff members received regular one-to-one meetings to help them discuss any issues in their work and identify additional training and support needs. One member of staff told us, “It’s useful. You get to put forward anything you want to say.” Another member of staff told us they had regular supervision and an appraisal every year in which they reviewed their work and discussed how they wanted to develop over the next year. They also told us, “The manager is very approachable and we can go to them with any issues.”

People told us they were asked for their consent for care and that they were supported to make decisions for

themselves. One person said, “Staff won’t walk into my bedroom. They speak to me through the monitor when I’m in my room.” We spoke with staff who told us about how they understood that people had capacity to make decisions for themselves, or the process that took place if someone did not have the capacity to make a specific decision. They were able to tell us about how the person, their family and other professionals were involved in a best interests meeting to make sure that any decision made was in the person’s best interest.. We saw that the service operated within the code of practice of the Mental Capacity Act 2005, which is legislation that makes sure people are treated safely and that their freedom is protected. We saw that nobody using the service was restricted in their freedom and people were supported to make their own decisions and become more independent.

People told us that they liked the food provided and many people were becoming more independent and cooking for themselves. One person said, “I’m self-catering, so it’s nice to do your own food. Before that I wasn’t self-catering but the food was always nice. It’s very nice to have a roast with others as it’s more of a community family thing.” Another person told us, “The meals are exceptional, very high quality, very healthy.” We saw the weekly menu in the dining room and communal areas which had details of the choices for each day, and people were also able to ask for alternatives if they did not like the choices for the day. People told us they were able to ask for what they wanted and many people also cooked for themselves.

We saw that people’s health needs were met through regular reviews of people’s health and involvement with other services. People told us they were supported to take control of their own needs. One person told us they had been encouraged to be more independent and make their own appointments with the doctors and the dentist. We saw in people’s care records details of their health reviews and care programme meetings involving all of the professionals in the person’s care, including psychiatrists and community mental health services.

Is the service caring?

Our findings

People told us they found the service was caring, with staff being friendly and supportive towards them. One person said, “Staff involve me in my care and always try to keep my privacy.” Another person told us, “The staff are very caring. They know what I like and dislike.”

People had good relationships with staff and we observed positive, caring interactions between them during our visit. We saw a member of staff sitting with a person to help them calm down and supported them sensitively until they had improved. We saw in people’s care plans detailed guidance to help support people during periods of distress and when their behaviours challenged the service. This included details of behaviours to look for and how to manage them and clear de-escalation techniques if these were required. Staff told us they found this guidance useful and helped them to understand the best way of supporting people.

Staff respected people’s diverse needs and backgrounds. People were supported to maintain their cultural and religious identities. One person told us how the staff helped them find local community groups, but was able to make a decision about whether they wanted to attend them or not.

People were involved in making decisions about their care and supported to become more independent in their daily

lives. One person told us, “They [staff] check your plans for the day to ensure you’re being proactive.” We discussed this with members of staff who told us they would discuss people’s daily plans and support them to make progress towards their goals. These goals were related to becoming more independent and moving on from the home to supported living services.

We saw in people’s care records there were details on how and when people liked to be given information and asked to make decisions. This included information including preferences for written information due to poor short term memory. Another person wanted to be asked questions in the mornings as this was the best time for them. Staff confirmed they knew and followed these plans.

People told us that staff respected their privacy, by knocking on their door and calling for them, and respecting their decision if they did not want their care at that time. Staff members told us they would give people the time they needed for their care, not rushing them and giving them space on their own when they needed it. One member of staff told us they sat with people to find out what they liked, how they wanted to be supported and how they wanted to be spoken to and approached when receiving their care. This made sure that people felt comfortable and maintained their privacy in the way they wanted.

Is the service responsive?

Our findings

We spoke with people about how they felt the service responded directly to their needs. They told us they were happy with the service and were able to ask for what they needed and that it met their needs. One person said, "I just go and ask staff for what I want and they are pretty quick to respond." Another person told us, "If there is something on my mind I would speak to a member of staff."

People told us they had care plans and had been involved in the development and reviews of them. We saw this in the care plans we looked at. Reviews had also included other professionals and family members when they were involved in people's care. We saw one example where a review had included the person, a family member, a community psychiatric nurse and a the person's key worker.

The care records were detailed and personalised to each individual. We saw details of people's backgrounds and life histories, with information about people's hobbies, personal preferences and details on how they liked to be consulted and supported. We saw clear outcomes for people, with each person agreeing a set of goals they wanted to achieve to become more independent. We discussed one person's care with them as they were leaving the service to live in the community with additional support from carers in their own home as they had met their goals in achieving greater independence through their time living in the home.

We saw that people were supported to develop their skills and become more active within the community and work

towards independent living within the community. One person told us, "I go out in the community and do things like running and shopping." Another person said, "I go out to do my shopping. Sometimes I go out on my own and sometimes one of the others comes with me." One member of staff told us, "Some people come here totally de-skilled. We set up a support plan, do living skills, help them manage their money, cooking skills and help them to progress." Another member of staff told us, "Leisure and social activities are part of the service. We help people to socialise and prevent loneliness as this has a massive impact on relapse."

People were confident to give feedback about the service and make a complaint if they needed to. One person told us, "If I had to make a complaint I would talk to the manager and take it from there." Another person said, "I know how to make a complaint and give them feedback if I need to." The provider had a complaint policy in place which was given to people when they moved into the home. We also saw there were posters for complaints and feedback within the communal areas and people could leave comments for staff.

We spoke with staff who told us they would get feedback from people about their care and suggestions for doing anything differently. One member of staff told us, "People come up to us and tell us how they feel, and we tell them about the complaints policy, give them the choice of making a complaint and reassure them that there will be no come back against them if they do." We discussed the most recent complaints and saw that all complaints and feedback had been responded to and investigated fully within the timescales set out within the complaints policy.

Is the service well-led?

Our findings

People told us they found the service was run well and met their needs, and they felt involved with the service and had a say in how it was run. One person said, “If you’ve got something to say they will listen to you and respond.” Another person told us they were involved in developing the service, and said, “At present I’m working with the service to put together art therapy facilities.” This would create a new activity and therapeutic support for people to help towards their recovery as a result of supporting people to be more involved with the service.

We saw that there was an open culture that encouraged people and staff to discuss any ideas or issues that they had. One member of staff told us, “There’s a good connection with the manager and staff. You can approach them and discuss anything, they take it on and listen.” Another member of staff said, “If I thought something wasn’t right I’d come out about it quickly.”

People were involved in making decisions about the service and how care was provided through regular discussions individually and through quarterly resident meetings. One person told us they went to the resident meetings every three months and could discuss whatever they wanted to raise. They said, “We say if we’re not happy with anything or if we feel we need something, we can ask them. We give them our opinion. It’s our views. They do listen to our ideas. They’re understanding here.”

The service had good links with the local community to help people to develop their independence and learn new skills. We saw that people were supported to attend courses at the local college, use day services and other local support networks.

The service had good management and leadership from the registered manager and service co-ordinator, who provided the day-to-day management and oversight the service needed. Senior staff were available for all members of staff and people using the service to talk to. We saw people going to talk with senior staff to discuss how they were feeling and wanting support. People told us they found the manager to be approachable and supportive and encouraged them to ask for support when they needed it.

The registered manager and staff received support from the provider. We saw details of training courses organised by the provider, and also that counselling and support was available for people and staff following an incident in the service. Staff members told us they found this useful and were pleased with the support given by the provider.

There were a range of audits and quality assurance systems in place that made sure the service provided people with high quality care. One member of staff told us about the medicines audits that took place. We saw that the medicines were checked on a daily basis, with a fortnightly audit of all the medicines to make sure that they were all recorded correctly and all tablets were accounted for. There were regular audits of people’s care records and safety of the service, which made sure that people received safe and consistent care.