

Lonsdale Midlands Limited

# Lonsdale Midlands Limited - 290 Newton Road

## Inspection report

290 Newton Road  
Great Barr  
Birmingham  
West Midlands  
B43 6QU

Date of inspection visit:  
05 November 2019

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17 December 2019

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service,

290 Newton Road had a registration to provide personal care and accommodation to a maximum of seven people. People who lived there may have a learning disability and/or autism. At the time of the inspection five people lived at the home.

The service applied the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people who used the service can live as full a life as possible and achieve the best possible outcomes that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

The provider had quality assurance systems in place and action had been taken to make some improvements to include the start of some redecoration. However, there was an on-going issue in relation to some people's bedrooms only having intermittent hot water. This issue had been highlighted at our previous inspection and in our previous inspection report. We found the issue remained and had not been observed by the provider's audits.

People felt safe and were supported by staff who knew how to keep them safe and protect them from harm. Staff were aware of how to recognise, report and act on any concerns relating to abuse. Staff knew about people's individual risks and how to manage those risks. Recruitment processes were in place to ensure people's safety. People were supported by enough staff for their needs to be safely met. Medicines were managed safely and were administered as they had been prescribed. Accidents and incidents were recorded, reported and acted upon. Accidents and incidents had been analysed and where required changes had been made to practice preventing future occurrences. The premises were warm and clean.

People and relatives were positive about the overall service provided. People's needs were assessed regularly. Where possible people and their relatives were involved in the assessment processes. As a result, care plans reflected people's individual needs and preferences. Staff had received training to enable them to support people effectively. Staff supported people to access a variety of healthcare services in the local community to promote their good health and well-being. People were supported to make decisions and to have choice and control in their lives. Staff supported people in the least restrictive way possible and in their best interests. The nature of the overall environment reflected people's preferred colour schemes and facilities.

Staff were seen to be kind and caring and treated people with dignity and respect. All people had their own bedroom that gave them personal space and enabled privacy. Relatives told us staff were kind and friendly.

Visiting times were open and flexible.

People were supported by staff who knew them and were aware of what was important to them. People had no complaints. Relatives were involved in reviews of their family member's care and support. Relatives and people had been asked to give feedback on the service provided.

People were complimentary of the service and considered it to be well-led. Staff felt supported and listened to and were confident any concerns they may raise would be dealt with appropriately.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 11 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was caring.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector on one day.

#### Service and service type

290 Newton Road is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC. This means there was no manager legally responsible for how the service was run and for the quality and safety of the care provided. However, the manager showed us documents to demonstrate they had applied for registration and were awaiting an interview date.

#### Notice of inspection

The inspection was unannounced.

#### What we did.

The provider was not asked to complete a Provider Information Return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service

since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and four relatives to ask about their experience of the care provided. We spoke with the manager, the area manager and three members of care staff.

We observed staff when they provided support to people in communal areas. We reviewed a range of records. This included two people's care records, health action plans, hospital passports and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at the premises which included two people's bedrooms.

# 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 as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. People had been supported by staff who had received training in how to recognise abuse.
- Safeguarding systems were in place. Staff spoken with were aware of the signs of abuse and how to report them. Staff told us they had no current concerns but were confident that if they did so, the provider would respond quickly and appropriately. A staff member told us, "I would report to a manager, if action was not taken I would go to social services".
- Relatives told us they had no concerns in relation to abuse. One relative said, "No worries about that".

Assessing risk, safety monitoring and management

- People had been protected from avoidable harm. Risk assessments had been completed to identify people's individual risks. These included, choking, trips and falls and incidents of seizures.
- All staff were fully aware of the risks associated with people's care. A person told us, "I had a seizure I was not hurt. The staff looked after me".
- Risks to people were regularly reviewed and staff were kept informed of any changes in people's care needs. A member of staff said, "We are always told if there are any new concerns or risks".
- Risk limitation measures had been undertaken in relation to the premises. We saw the main kitchen was being refurbished. The area manager provided us with a risk assessment that had been developed whilst the work was being completed to prevent accidents. We heard staff explain to people they must keep away from the kitchen whilst the work was carried out to reduce the possibility of accidents.
- Some aspects of safety had been addressed. For example, radiators had all been guarded to reduce the risk of scalds. We saw systems were in place to ensure fire safety.
- We saw that one wardrobe in a person's bedroom was leaning slightly forward. It had not been secured to prevent it leaning in such a way. The manager told us they would take action to address this.

Staffing and recruitment

- Relatives told us there were enough staff to meet their family member's needs. We observed there were staff to support people with personal care, at mealtimes and for support in the community. A staff member told us, "People here have one staff member each. People can do what they want to do as we always have enough staff".
- The provider had completed recruitment checks on staff prior to them commencing in post to make sure they were safe to work with people.

Using medicines safely

- People told us they had no concerns regarding their medicines and they received them as they were prescribed.
- We looked at the Medicine Administration Records [MARs] for two people. We found the medicine prescribed for each person was available. We counted some tablets against totals on records and found they balanced correctly. Staff were aware of the circumstances in which to administer 'as and when required' medicines. Protocols were in place to direct them regarding this.
- We saw medication records were checked and audits completed by the management team to ensure medicines were administered and stored as required. A staff member told us, "Audits are undertaken regularly on medicines. The systems here are safe".

#### Preventing and controlling infection

- Measures were in place to prevent infection outbreaks. Staff had received training in relation to good hygiene processes.
- The premises looked visibly clean. Some redecoration was being undertaken to freshen and brighten the premises. Staff told us new flooring and carpets were to be fitted in the coming months.

#### Learning lessons when things go wrong

- Staff knew of their responsibilities to report accidents and incidents. A staff member said, "We tell a senior or manager. Everything has to be written down".
- We saw systems were in place to analyse and determine any patterns or trends regarding accidents and/or incidents to prevent future occurrences.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us care was provided in a way that met their needs. Relatives we spoke with confirmed this. A person said, "They (staff) care for me how I like".

- Staff regularly assessed people's needs and choices.

- Records confirmed people's needs and risks were assessed, and care plans were updated regularly. A relative told us, "Staff know them (person's name) well. They know their risks, likes and dislikes".

People and their family had been involved in care plan production and reviews. Assessments we looked at covered all needs including people's health and social needs and activity preferences. A person told us, "I do my plans". A relative said, "We (family are involved in all meetings about their care)".

Staff support: induction, training, skills and experience

- The providers training spread sheet confirmed staff received training and updates. A staff member told us, "We staff have lots of training. It is good". A relative said, "All staff are so good. They know what they need to do to look after the people who live at the home".

All staff we spoke with told us they received regular supervision sessions and an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the meals provided. One person said, "I like my food".

- Records we saw highlighted people's likes and dislikes relating to food and drinks. A staff member said, "We (staff) know what people like to eat and drink. All people are assessed to see if they are at risk of allergies and choking". At meal times we saw staff were available to support people when eating and drinking.

- At breakfast and lunch time we heard staff asking people what they would like to eat and drink and give choices. We indirectly observed people eating their meals. People ate and drank everything offered and looked happy. A staff member said, "Every week staff have a meeting and ask people what they would like to have for meals the following week. We use pictures of food to help them understand better".

Staff working with other agencies to provide consistent, effective, timely care

- We saw a handover book was used to pass information to staff for example, appointments for the day.

Staff told us they had a handover at the start of every shift. One person's situation had changed. They had been to the doctor that morning. We heard staff verbally telling other staff about this to ensure all staff knew this new up-to-date information.

- Staff told us they worked well with external social care professionals and maintained links with people's relatives. A relative told us, "The staff keep us fully informed at all times".

Adapting service, design, decoration to meet people's needs

- The home was located in a residential area. The home was a domestic style house that had been extended and adapted over the years to enable people who require care and support to live there.
- The premises were warm, bright and homely.
- Two people showed us their bedrooms. Both people told us they liked their bedrooms. One person said, "I like it in here" (their bedroom). We saw those bedrooms were personalised and reflected the people's interests and personalities. One person said, "I like blue". We saw colour blue had been used in the person's bedroom.
- We saw that re-decoration had been undertaken since our previous inspection and the main kitchen was being re-furnished. A person pointed to the kitchen. They were smiling and said, "New, new".

Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported to access healthcare services. A person said, "I go to the doctor and hospital". Staff told us, and records confirmed that people received all the health care input they needed this included consultant specialising in learning disabilities. A relative told us, "They (person's name) get all the health care they need. They go to the doctor, have hospital appointments, see the dentist and optician. The staff keep me up-to-date about the appointments".
- During the day staff supported one person to go to the doctors as they had identified the person had a health issue. Staff told us, and records confirmed all people had an annual health care check from their GP to monitor their health and well-being.
- We saw that health action plans and hospital passports were available. A staff member confirmed, "Those are in place if a person is admitted to hospital. The documents inform hospital staff about people's needs and risks".

Ensuring consent to care and treatment in line with law and guidance

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

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff told us they obtained people's consent prior to supporting them and we observed this. In the morning staff were to take one person out into the community. We heard staff ask the person if they could help them put their coat on the person nodded. We saw a staff ask another person if they would go to their bedroom with them. The person followed the staff member so gave their implied consent.
- The staff we spoke with had a good understanding of the principles of the MCA 2005. Staff were aware of their responsibilities regarding DoLS and applications had been submitted where they had assessed that people were potentially receiving care that restricted their liberty. A staff member said, "We should only restrict where the person is not safe. People here could not go out alone as they could get lost or run over. That is why they are assessed properly by social services".

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. A person spontaneously said whilst pointing to a staff member, "Kind". A relative told us, "All staff attitude is good. They are kind and helpful". Another relative told us, "The staff are polite and always have a smile on their faces. That is important". A third relative told us, "When they (person's name) come home for a visit they can't wait to go back to the care home. We as a family like that as it means they like living there with the staff".
- We observed staff to be kind and caring. Staff smiled at people. Staff gave people compliments to boost their self-esteem. One staff member said, "I like your coat". The person looked pleased and smiled.
- We saw a fish tank in the lounge. People liked the fish. They pointed to the fish tank and smiled. One person said, "I like looking after the fish it makes me feel special and happy".

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people were treated with dignity and respect. A relative said, "Whenever I visit I hear staff speaking with people respectfully. For instance, the staff know how they (person's name) like to be addressed and that is how the staff address them. Records we looked at confirmed that staff had identified the preferred form of address for each person.
- Staff ensured people's dignity and privacy were maintained. People had their own bedroom which enabled private personal space. Staff told us where ever possible they enabled people to attend to their own personal hygiene to enhance privacy and dignity.
- We saw that people wore clothing that reflective their individuality, preferences and the weather. People wore tracksuits, t shirts and jumpers. When going out they wore warm coats. A person told us they selected their own clothes to wear each day. A staff member told us, "If people are unable to tell us what they want to wear we select a number of items and show them. People then point to tell us which I item they want to wear".
- People were supported to maintain their independence. During the day we saw staff encourage people to eat independently and to do small tasks for them-selves. A person said, "I like to clean on my own and I do that".

Supporting people to express their views and be involved in making decisions about their care

- A relative told us, "We (family) are very much involved. The staff ask us to go to meetings and really listen to what we say".
- All relatives we spoke with confirmed they were made to feel welcome and were encouraged to raise any concerns they may have. One relative said, "I am always made welcome and the staff always ask if I would

like a drink".

- We heard staff give people choices. At meal times staff asked people where they wished to sit. Staff listened to what people said and supported their preferences. We heard staff ask people if they wanted to go out into the community and honour their decisions to go out or stay at home.
- The staff were aware how to access advocacy services to support people when making decisions around their care. A relative told us, "I am their (person's name) supporter. I help the staff know what is best for them (the person)".

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question 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

- Records we saw highlighted people's likes and dislikes and other important information. Staff we spoke with knew what was important to each person.
- People's care records were regularly reviewed and updated to reflect any changes in their care needs.

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.

- We observed staff communicating verbally with people. They spoke clearly and slowly and used hand signs in addition to aid the person's understanding of what was being said.
- All relatives we spoke with told us they were kept up-to-date about any changes in their family member's circumstances and health. One relative said, "Everything, the staff ring me to keep me updated. That gives me a lot of confidence".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home was located in an area that had a range of community facilities including, shops, cinema and a park. The local area also offered a range of transport opportunities including bus and rail. People were supported daily to take advantage of these amenities.
- Staff told us people went out into the community regularly. A staff member told us, "Three people here attend day centre every week". A relative said, "They (person's name) go out and about every day. They do a range of activities". A person told us, "I went on holiday. I liked it".
- Staff showed us photos of the person on a recent caravan holiday. Records we saw confirmed all people were involved in a range of their own chosen activities including, day centres, swimming, out for a drive. On a train journey or for a walk. A person said, "I like going out for a walk". A relative told us, "Activities provided are geared to meet their (person's name) needs. They love going out to day centre for instance".

Improving care quality in response to complaints or concern

- A relative said, "I have no complaints everything is good. If I did have an issue I would speak with any of the staff as I know they would rectify the issue".
- We saw a complaints procedure was on display. This had been produced in pictures and writing to enhance understanding.

#### End of life care and support

- The service did not currently support any people who were receiving end of life care.

## 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 the last inspection this key question was rated as requires improvement. At this inspection this key question continues to be requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture did not always support the delivery of high-quality, person centred care.

#### Continuous learning and improving care

- At our previous inspection of May 2017 we identified that re-decoration was needed and action was required due to the hot water system not working correctly. At this inspection we found that some re-decoration had been completed and a new main kitchen was being installed. However, we found there was still an intermittent issue with the hot water system. Weekly and monthly records of checks in some bedrooms highlighted "No hot water- reported". This not been identified during provider audits. This was similar to our previous inspection findings. This meant quality auditing had not been fully effective. The situation also highlighted that the provider had not valued people adequately as the issue had not been addressed in a timely manner. We raised this with the area manager who told us, "The issue should have been reported and dealt with. I don't know why it has not been dealt with or identified during quality audits". By the end of the inspection the area manager had called upon a plumber to assess the hot water problem. They generated an 'escalation' form during the inspection. They said they would inform all staff the form must be must used if further issues with the hot water occurred in the future. Since our inspection the area manager confirmed by email to us the hot water was in good working order.
- At the threshold to the lounge we saw a hole in the fabric of the flooring. Several people who lived at the home had mobility restrictions and the hole in the floor fabric could have been a trip hazard. The manager told us that new flooring was planned to be laid in the future. However, the manager agreed that, although new flooring was to be laid in the future, the hole presented as an immediate risk and should have been addressed sooner. This was remedied during the inspection.
- The previous registered manager left employment in January 2019. It is a legal requirement for a registered manager to be in post. The manager showed us documents to evidence that they had applied for registration and was awaiting an interview date.

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

- All staff we spoke with understood their roles and responsibilities. They told us they received one to one supervision and team meetings and were confident they could raise concerns or request training they may feel beneficial.
- During the day the area manager visited the service. We observed them speaking with people who lived at the home. We saw people were calm and smiling. It was clear the person was familiar with the area manager confirming they had met them before.

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

- People and relatives were positive about the service. A person said, "I like it". A relative said, "It is a very good place". Another relative told us, "I am very happy".

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

- A relative said, "If there has been an incident or they (person's name) has been unwell staff ring me".
- Staff told us they felt listened to. They told us the manager and the area manager were approachable and supportive.

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

- All staff we spoke with told us they felt supported. One staff member said, "We [staff] are continually supported by each other and managers". The manager told us there was a manager duty rota for evenings, nights and weekends. The staff confirmed a senior manager or director would be available for support / give advice at all times.
- The manager told us people's views and feedback regarding service delivery had been sought through meetings and surveys which were sent out to people, relatives and staff on an annual basis. We were shown documents to confirm this. The information was collected and any points for action would be responded to. Relatives confirmed this was correct. One relative said, "I am asked my views. I fill out a survey". Records we looked at confirmed that people who lived at the home were also asked their views. Pictorial surveys had been completed and feedback was positive that confirmed people were happy.

Working in partnership with others

- Staff told us they worked alongside other professionals such as GPs, district nurses and social care professionals to ensure people's care and social needs were met. Records we looked at confirmed this.