Lonsdale Midlands Limited

Lonsdale Midlands Ltd - Windward Way

Inspection report

170-174 Windward Way
Smiths Wood
Birmingham
West Midlands
B36 0PS

Tel: 01217796059

Date of inspection visit:
03 September 2018

Date of publication:
22 October 2018

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

Summary of findings

Overall summary

Windward Way is a residential care home for up to 15 people with learning disabilities and Autism. The home is set across three bungalows and each home is set as a separate home.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The inspection took place on the 03 September 2018 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Relatives said they were happy about the care their family member received. Staff were caring and promoted people's independence and people were able to maintain important relationships with family and friends. People had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. Staff knew the people who lived at the home well and were able to support them to eat and drink. People were protected against the risks associated with medicines because the provider had appropriate arrangements to manage them. Relatives told us their family members had access to health professionals as soon as they were needed and were confident they received support to maintain their wellbeing.

People and their families were involved in planning the care their relatives received and were kept informed about their care. Relatives felt communication had improved at the home and they felt more relaxed in speaking with the registered manager about their family member's care.

Staff received training and understood the signs of abuse, and systems were in place to guide them in reporting these. Staff understood individual needs for people and about how to manage them. There were sufficient staff available to meet people's needs. Staff underwent recruitment processes that included background checks on the suitability of staff to work at the home. People received their medicines and checks were undertaken to ensure people received their medicines safely.

People were treated with kindness by staff that knew and understood their needs well. Many of the staff had known people for a significant period of time and knew people and their needs well. A team of long serving staff ensured people's needs were incorporated into planning their care.

The registered manager promoted an inclusive approach to providing care for people living at the home by involving people and staff in making decisions about people's care. Staff attended regular meetings to share their views and ideas for improving care at the home. Staff reported an open culture at the home, where they felt able to request advice and guidance from the registered manger. The provider and registered manager had effective systems to monitor how care at the service was provided, to ensure people received quality care that was reviewed and updated regularly.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Lonsdale Midlands Ltd - Windward Way

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.

This inspection took place on 03 September 2018 and was unannounced.

As part of the inspection we looked at information we held about the service and we asked the local authority if they had any information to share with us about the home. The Local Authority is responsible for monitoring the quality and for funding some of the person's living at the home. During our inspection we spoke to one person who lived at the home and used different methods to gather other people's experiences of what it was like to live at the home such as observations of staff interaction with the person. We also spoke to the registered manager, the deputy manager, and two members of staff. We also spoke to one relative by telephone.

We looked at records relating to the management of the service such as the care plans for two people, incident records, medicine management, staff meeting minutes and quality assurance records.

Good

Is the service safe?

Our findings

At our last inspection in 2015 this service was rated as Good in Safe. At this inspection it continued to be rated as Good.

People told us they were safe at the home. We saw people looked relaxed and at ease in the company of staff supporting them. The registered manager explained that many of the staff had worked at the home for a long time and knew people well. Staff understood that they could report their concerns to the management of the home as well as to the CQC. The registered manager explained that they understood their obligations as a registered manager in terms of reporting safeguarding concerns to the CQC and local authority.

Staff knew how to keep the people safe. They described how they used the training they had received as well as advice and guidance. Risk assessments were in place for staff to refer to on how to support people correctly. Some people in the home had specialist equipment in place and staff understood how to transfer people correctly. We saw in three care plans, risk assessments had been reviewed and updated regularly.

There were enough staff to meet people's needs. People were supported by staff when they required help or assistance. Family members told us they had not had any problems with staff availability as there was always a staff member available to them. The registered manager told us they were supported by the registered provider to have the staffing level needed to meet people's assessed needs.

People received their medicines safely. Medicines were stored and checked regularly to ensure the person had their medicines when needed. Staff told us regular checks by the registered manager were also undertaken to ensure people received the correct medicines and that staff were competent to support people.

The registered provider had safe recruitment processes that included background checks that were completed before new staff were appointed. These included Disclosure and Barring Service checks (DBS) and two reference checks.

The home was odour free and free of clutter. Staff supported the registered manager to keep the home clean and tidy. We saw staff throughout the day support people with tasks to keep the home clean. Regular environmental audits were also undertaken to ensure the risk of infection spreading was kept to a minimum. Staff understood the precautions to take in order to minimise the spread of infection. We also saw staff use aprons and gloves when this was appropriate.

Any accidents and incidents were recorded in order to better understand people's behaviour and whether there were any trends. Learning from their analysis was shared with staff at team meetings and through supervision meetings so staff understood if changes were needed for people. Staff shared with us examples of how learning about people had been shared. For example, one person's medicines were changed because of the review of their accidents and incidents.

Good

Is the service effective?

Our findings

At our last inspection in November 2015 this service was rated as Good in Effective. At this inspection it continued to be rated as Good.

People looked relaxed and at ease around staff. Relatives told us they had known staff a long time and felt assured staff understood their family member and how to support them. One relative told us about staff, "They [staff] know them really well."

Staff told us they were offered lots of training. Guidance was also offered through supervision meetings and team meetings. Staff were offered an opportunity to suggest ideas for forthcoming team meetings they would like to discuss. We saw an agenda was available to staff seeking their ideas about topics for discussion. The registered manager told us they had worked alongside staff and had developed a good working relationship with staff and that important information was shared with staff in this way.

We saw people enjoying the food they were offered. Staff understood what people liked to eat and ensured they were offered healthy choices. Where people required medical input into their diet, this was recorded for staff to refer to and staff could also explain what people could eat safely.

Staff told us they had worked at the home for many years and knew people well because most of the people at the home had lived there for a considerable time. Staff relayed information to each other through a communication book and from speaking with each other as they came onto each shift. We saw a staff member return from annual leave familiarise themselves with any changes to people's care that had been initiated in their absence. This meant staff were kept updated if people's needs had changed.

Relatives told us they were assured that further medical advice was sought when their family members weren't feeling well and that a doctor would be called. People's health needs were monitored and discussed with healthcare professionals when appropriate. We saw through reading people's health care plans that advice was sought and advice recorded for staff to refer to.

We saw the home was cosy. People were surrounded by objects that were personal to them. We saw people's bedrooms were individual to them and reflected their interests and preferences. People and their families were involved in helping arrange people's rooms.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were involved in making decisions about their day to day care where this was appropriate. Where decisions required a Best Interest decision on the person's behalf, family members and other involvement from other stakeholders, was sought.

Good

Is the service caring?

Our findings

At our last inspection in 2015 this service was rated as Good in Safe. At this inspection it continued to be rated as Good.

People liked and felt comfortable around the staff who supported them. We saw people were relaxed and at ease around care staff. We saw staff used tactile reassurance to soothe and comfort people when this was appropriate. We saw care staff instinctively supported people because they had known the person they were supporting for some time and understood their needs well. One staff member told us they could recognise person's facial expressions to understand how they were that day. One staff member likened people to being "just like a member of the family."

We saw people involved in making day to day decisions throughout the day. For example, people were included in discussions about activities and who they wanted to sit next to. Staff told us because they knew people well they could anticipate some things that might cause people anxiety and so tried to minimise this. For example, one person sometimes displayed anxiety because of certain items placed in front of them, and staff tried to minimise the person's anxiety by reducing the risk of the prompt

We saw staff demonstrate how they supported people in a dignified manner. We saw staff reassured people and speak to them in an appropriate manner. We saw people were dressed in ways that reflected people's individual preferences.

Relatives told us they could visit whenever they wanted and felt welcome. One relative told us as soon as they got there staff would always offer them a hot drink and had a chat with them. Relatives described the staff in a warm affectionate manner because they had come to know staff because they were a consistent staff team. Relatives we spoke with told us they always found care at the home consistent whenever they visited. They explained that regardless of whether they visited at weekend or evenings, they always found staff warm and welcoming.

Good

Is the service responsive?

Our findings

At our last inspection in 2015 this service was rated as Good in Safe. At this inspection it continued to be rated as Good.

People's care was planned and adapted based on people's changing circumstances. We saw some people had had changes in their health and required specialist equipment. We saw people were supported to use the equipment and seek further advice when issues arose and further changes in equipment were needed.

Prior to moving to the home, people's needs were assessed and recorded. People were supported to gradually move to the home so that staff could understand people's needs. We saw how staff monitored and recorded key information about supporting people correctly, so that people's needs were accurately recorded for staff to refer to. People were encouraged to visit the home for short visits so that they could gradually familiarise themselves with the home and reduce the likelihood of anxiety.

The registered manager worked with staff to understand things that people would like and wanted to achieve. The registered manager explored this in ways that were appropriate for each person. For example, one person told us about a holiday they wished to take to celebrate a significant milestone birthday. The registered manager worked with staff to ensure this was planned and that the person's wishes were incorporated. Where people were not able to verbally express their opinions, different options were tried and positive and negative reactions were observed to understand what to pursue.

Where people did not have families, key workers for people were also involved in feeding back what they felt people might like through their understanding of working with them. For example, one person liked a certain genre of film and the person was supported to pursue activities in connection with the films that they liked.

The registered manager explained that since taking over the home they had worked with families to understand their concerns. They explained that whilst families had not necessarily complained, they had not always felt able to communicate openly how they felt. They told us they met with families and listened to their feedback about the home and worked through some of the improvements they identified. For example one relative told us they had felt unsettled by some of the changes in management but had felt reassured from speaking with the registered manager.

The registered manager explained how they had begun to speak to people's families about end of life planning. They told us that whilst not everyone was ready to discuss this issue, they respected this and ensured plans were in place where this was appropriate. The registered manager explained that when this was relevant they would ensure plans were in place.

Good

Is the service well-led?

Our findings

At our last inspection in 2015 this service was rated as Good in Safe. At this inspection it continued to be rated as Good.

People and relatives spoke highly of the care and support people received. One relative told us, "They know [person]. She's not just a person sitting in a chair, they know her." People and their families felt assured that they could speak with staff and the registered manager and that action would be taken where needed and that staff working at the home would listen. Relatives and staff described the management as being stable following a period of instability caused by changes in management. One staff member told us they had, "Three or four managers" in the last few years but that things were much better at the home now.

There was a registered manager at the home who had been at the home for approximately a year. 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.

Staff understood the systems for checking people's care, so that people received the correct support. Staff explained how they undertook checks of people's medicines, the environment in the home and people's care plans. The registered manager told us they regularly undertook their own checks to ensure people's care records and care needs were accurately recorded and acted upon. The registered manager showed us how they reported their progress to the registered provider and about checks the registered provider also completed to assure themselves about the care people received at the home.

People and their families were involved in shaping care at the home. Staff could explain in detail how they had supported people to achieve better outcomes. For example, staff described how they had known some people for a number of years and could tell from a person's facial expressions if they were at ease or not. One staff member told us that staff felt supported to make suggestions to improve people's care and this was supported by the registered manager. They told us about an occasion when a person had been low in mood and how they had suggested dressing as their favourite superhero to encourage them to eat and help improve their wellbeing. This had had a positive effect on the person. The registered manager recognised the knowledge staff had in caring for people and incorporated this into people's care planning by encouraging staff to make suggestions to improve people's care.

The staff and registered manager described how they worked with other stakeholders such as a psychology service to benefit people living at the home. Staff explained that they had worked with the service to better understand people's behavioural needs. For example, they told us about how they had taken on board advice in monitoring a person's behaviour that lead to their behaviour being better understood and anticipated. The registered manager told us they would continue to work with stakeholders so that people's needs were continually being understood and care amended.