Lonsdale Midlands Limited

Windward Way

Inspection report

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

Tel: 01217796059

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30 November 2015

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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

Summary of findings

Overall summary

The inspection took place on 30 November 2015 and was unannounced.

170-174 Windward Way provides accommodation in three separate bungalows for up to 12 people with learning and physical disabilities. At the time of our visit 7 people lived at the home.

The service had a registered manager at the time of our inspection. 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.'

The home had a friendly and relaxed atmosphere and staff told us that they enjoyed working there. We saw that staff were responsive to people's needs and had good knowledge of how they preferred their support to be provided.
There were enough suitably trained staff to keep people safe and meet people's preferences. People took part in daily activities in the home and the local community. Relatives were encouraged to be involved in supporting their family members.

Staff told us that they had received necessary health and social care training and had the opportunity to further develop their skills. Staff told us they felt supported by the management team to carry out their roles effectively.

Staff were trained in safeguarding people and understood their obligations to protect people from abuse. They told us how to keep people safe and what they would do if they suspected abuse.
People's relatives told us that people were safe and well cared for at the home.

The registered manager and staff understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The registered manager had made applications to the local authority in accordance with DoLS legislation. At the time of our visit, seven DoLS had been approved for people living at the home.

People were cared for as individuals with their preferences and choices supported.
Relatives and an advocate told us that staff were caring and respected people's privacy and dignity.
Individual care plans and risk assessments were completed and minimised the risks associated with people's care.

People were supported to maintain their health and well-being and staff knew when to refer to other health professionals.
People's medicines were stored securely and records showed that people were receiving their medicines as

prescribed.
Recruitment checks were carried out prior to staff starting work at the service to make sure they were suitable for employment and of good character.

Effective systems to monitor the quality of the service were in place. People and their relatives had opportunities to share their views about the service and actions were taken in response to suggestions put forward. The registered manager was responsive to people's feedback in developing the service and making continued improvements. Systems and checks made sure the environment was safe and that people received the care and support they needed.

People's nutritional needs were met and special dietary needs were catered for.

Relatives were positive about the management team and the running of the service.
Peoples relatives and staff told us they were able to raise concerns with the provider and were confident action would be taken to improve the service when required.

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.

People were supported by staff who knew how to keep them safe.
Staff were available at times when people needed them.
Potential risks to people's health and well-being were assessed and care was delivered to manage any identified risks.
People received their medicine as prescribed from staff who had completed training to administer medicines safely.

Is the service effective?

Good

The service was effective.

Staff were supported to develop their knowledge and skills to meet the needs of the people living at Windward Way.
New staff received a thorough induction which supported them in meeting the individual needs of people.
Where restrictions on people's liberty had been identified, appropriate applications had been made to the local authority under the Deprivation of Liberty Safeguards. People attended regular appointments with healthcare professionals to maintain their health and well-being.
Peoples nutritional needs were being met.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion by staff who respected their right to privacy.
People were supported to make choices by staff who understood their communication needs.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and reflected people's needs and choices so staff could meet people's needs in a way they preferred. Care plans were reviewed regularly to ensure they

continued to meet people's needs.
Staff responded quickly to peoples requests for assistance.
People were supported to persue hobbies that interested them.

Is the service well-led?

Good

The home was well- led

Staff felt supported and listened to by the management team.
The registered manager was keen to involve people and their relatives to improve the quality of care.
Quality assurance systems ensured improvements in the home.

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.

The inspection was carried out by two inspectors.

Before the inspection we spoke to the local authority commissioning team who funded the care of a number of people who lived at the home. They told us they had visited in August 2015 and had no concerns about the service.

We reviewed the statutory notifications the registered manager had sent us. A statutory notification is information about an important event which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

During the inspection we spoke with one person who lived at the home. Other people were not able to tell us their views about the service due to their complex needs. We therefore spent time observing how they were cared for and how staff interacted with them so we could get a view of the care they received.

We also carried out a SOFI observation. A SOFI is a Short Observational Framework for Inspection tool that is used to capture the experiences of people who may have cognitive or communication impairments and cannot verbally give their opinions on the services they receive.

We spoke with the registered manager, a team leader and four care staff on the day of our visit. We reviewed two people's care plans and daily records to see how their support was planned and delivered. We reviewed records of checks the staff and management team made to assure themselves people received a quality service
After the inspection we spoke to three people's relatives, an advocate and a health professional. An advocate is an independent person, who is appointed to support a person to make and communicate their

decisions.

Good

Is the service safe?

Our findings

The atmosphere at Windward way was relaxed and interactions between staff and the people who lived there were warm and friendly. One relative told us "The atmosphere always feels nice." People living at the home were not able to tell us themselves if they felt safe in the home. However, we did observe interactions between people and the staff supporting them.

We saw that people were safe, they were confident when seeking support and staff were attentive to people's needs. Two relatives we spoke to felt confident that their relative was safe and well cared for. One relative told us they had raised safety concerns in the past but everything had now been resolved.

There were procedures in place to keep people safe and protect them from harm. All of the staff we spoke with knew and understood their responsibilities to keep people safe. Staff knew what action to take if they had any concerns. One staff member told us, "I would tell the manager, if they didn't do anything I would tell the locality manager or social services." Another told us they would "Ask the service user if they were okay and inform the manager."

Staff we spoke with confirmed they had completed safeguarding adults training within the last 12 months. One staff member told us "The training is good and I have learnt a lot." They went on to say the training included "Different types of abuse and scenarios. The training ensures we are aware of the signs of abuse."

There had been a recent safeguarding incident at the home. The registered manager had quickly identified this as a safeguarding concern and referred this to the local authority as required. The registered manager explained the action that had been taken to keep the person safe and understood their responsibilities to notify us about any suspected abuse.

The provider had a whistleblowing policy in place. Information about this was on display and staff confirmed they were aware of this.

Each person had a risk assessment that had detailed information about the risks associated with their care and how staff needed to provide support to minimise the risks. For example, risks had been identified around a person neglecting their personal hygiene. Staff managed these risks well. Staff were knowledgeable about each person's risks and the support people needed to manage those risks.

One relative told us there had been some recent medication errors. This had resulted in their relative not receiving their medicines as prescribed. In response to this, the relative told us they knew staff had been given additional training in managing medicines and extra checks had been implemented to reduce the risk of an incident of a similar nature from occurring again. Records showed us that only trained and competent staff administered medications. On-going checks of staff competency were in place. Staff we spoke with confirmed they have completed training and the registered manager observed them giving people their medicines. This ensured staff continued to manage medicines safely.

We checked how medicines were stored and administered. Medicines were stored safely and securely. People's medicine administration records reviewed showed they had received their medicines as prescribed. Each person had a medicine folder which included a list of their prescribed medicines, possible side effects and the reason for their prescription. This meant staff understood why people took their medicines.

Records showed that daily checks were made on administration records and that weekly and monthly audits were taking place. This ensured all medicines were accounted for and had been administered in line with guidance from the person's GP.

No one was able to self- medicate their own medicines and some people required medication to be administered on an "as required" basis. There were protocols for the administration of these medicines to make sure they were administered safely and consistently. One member of staff told us they knew when one person was in pain and would offer them pain relief.

Recruitment procedures were in place to make sure people were supported by staff with the appropriate experience and skills. All staff were subject to a formal interview in line with the provider's recruitment policy .The manager told us, "We recruit people for their good values not just their experience." We looked at three staff files to ensure the appropriate checks had been carried out before staff worked with people. Records showed that references had been obtained and a check made with the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who lived at the home. One staff member told us "I had to wait for all the checks to be done before I could start work".

Accidents and incidents were recorded and were up to date. The registered manager told us they reviewed all incidents and accidents. Systems were in place to show what action had been taken to reduce the likelihood of the incident occurring again.

There were enough staff on duty during our visit to meet people's needs and keep them safe. We saw that some people went shopping whilst others remained at home. One relative told us "There is usually enough staff and things have improved over recent months".

We spoke to staff about staffing levels and we received mixed feedback. One member of staff told us "There is enough staff and we cover for each other's holidays." Two other members of staff told us they did not feel that there were always enough staff and that this had led to shifts not being covered. One staff member further explained, "This is not a problem if everyone is in the same communal area but if I need to take someone into another room for personal care then it becomes unsafe for the other people because I am not there to supervise them." The staff member went on to say that they never operated the hoist alone and would ask a member of staff from another bungalow to help them move someone safely."

We discussed this with the registered manager who explained that the home very rarely needed to use agency staff, however in recent months there had been a higher than usual level of sickness which had caused problems with staffing levels. The registered manager, 'bank staff' (temporary staff used as and when needed) and night time support workers had covered shifts. We looked at the staffing rotas for the previous three weeks. We saw that sickness had affected the usual staffing levels. Measures had been put in place to minimise the impact and to protect the safety of people who lived at the home.

During our visit we saw people were provided with a safe place to live. Regular checks were carried out to ensure the equipment and the premises were safe for people to use. A maintenance team was available to

undertake repairs. We looked at the provider's fire risk assessment and the plan in place for emergencies. Staff confirmed they knew what to do in an emergency and how to keep people as safe as possible.

Emergency evacuation plans were contained within people's care records. These detailed people's needs such as the support required with mobility and what equipment needed to be used. This meant that in an emergency people could be assisted to evacuate the building quickly and safely.

The fire procedure for staff was on display in the home. We brought to the registered manager's attention that this information was not available in a format that people living at the home could understand. New signage explaining what to do in the event of a fire was being developed with support from the speech and language team so people living at the home understand what to do in an emergency.

Good

Is the service effective?

Our findings

Relatives we spoke with told us they were happy with the care provided at the home and that they thought care workers had the skills and knowledge to meet people's needs.

New staff members were supported when they first started working at the home, and completed an induction so they were aware of their roles and responsibilities. Staff told us they had received an employee handbook and had spent time reading people's care plans and getting to know people. The employee handbook included information about the provider's policies and procedures. They had worked alongside other care workers and observed how people were supported. The induction process gave new staff the skills they needed to effectively meet people's needs.

Staff had received training considered essential to meet the care and support needs of people who lived at the home. One staff member told us the training "Is very good". This included training in infection control and food hygiene. Staff we spoke with told us they found the training useful and it provided them with the skills they needed to undertake their job roles. Another told us about training they completed to help them use different techniques to help them communicate effectively with people who were unable to communicate verbally. The member of staff said they had found this very useful and told us, "I have been able to find different ways to communicate with the people who live here and that has helped reduce their frustrations."

We saw training records which included dates when training needed to be renewed, so that arrangements could be made to plan future training when due. The majority of staff training was up to date and the manager explained that he was working with staff who needed to update their training to ensure it was all up to date.

Staff told us they received regular one to one supervision with their line manager. Supervision provides staff with an opportunity to discuss their work practice and any training or developmental needs. The registered manager told us they tried to meet with all the 27 staff who worked at the home each month, but this was not always possible. They told us, "All staff receive supervision every 8 weeks; this is in-line with policy." We saw staff had regular meetings with a manager or team leader. This meant they had the opportunity to discuss topics related to their work and gain support for best practice.

Staff had annual appraisals which documented their strengths and areas which they would like to develop in the following year. Staff member's development plans were regularly reviewed so that progress made was monitored.

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).

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 were being met. On the day of the visit records showed seven applications had been submitted. All had been approved in line with legislation.

Best interest decisions had been made for people which included washing, dressing and showering. People's relatives or their advocate had been involved in making these decisions. An advocate is an independent person, who is appointed to support a person to make and communicate their decisions.

The registered manager and the staff that we spoke with confirmed they had completed Mental Capacity and Deprivation of Liberty Safeguards training. Discussion evidenced that staff had an understanding.

It was not clearly documented within care plans whether people had consented to their care. We discussed this with the registered manager who told us only one person was able to consent and sign their care plan. The manager explained that as other people did not have capacity to make decisions about their care, care plans had been written with input from people's relatives and the health professionals involved in their care.

Relatives we spoke with confirmed they had been involved with planning their family members care .One relative told us "Staff know [person] really well and talk to me a lot about their care."

We looked to see whether people's nutritional needs were being met and if they received a balanced diet. Picture menus to help some make people make choices about what they would like to eat and drink were on display. Some people had additional dietary needs due to health reasons and were unable to swallow food or fluids. They required all their nutrition and medicines via a percutaneous endoscopic gastroscopy (PEG). A PEG is a feeding tube that is inserted directly into a person's stomach during a medical procedure. This meant that they received all of the nutrition and medicines they needed to stay healthy.

Staff we spoke to had good knowledge of how to care for these. One staff member told us, "I administer liquid and dissolvable medicines via the person's PEG. I flush the peg with 20mls of water after each medicine." Staff confirmed they had received training from health professionals on how to do this correctly. One relative told us "When [person] had their PEG tube fitted staff supported them to make the transition from not eating foods well."

Another person was required to drink a certain amount of fluid each day, for health reasons. All fluids given were recorded so that staff accurately assessed and monitored how much fluid the person had drunk each day to minimise risks of dehydration.
People's weights were being effectively monitored and staff we spoke with knew what they would do if people had lost weight.

Each person had a health action plan that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff ensure that people had access to the relevant health and social care professionals.

Records showed people had regular health checks with their GP throughout the year and were referred to other professionals when appropriate. For example, one person was showing signs of discomfort when

seated in their wheelchair. The registered manager had made a referral to source a more comfortable chair for the person.

People received care and treatment from health care professionals such as speech and language therapists and physiotherapists. Records of appointments were maintained and information was shared at staff 'handover' meetings between shifts to make sure all staff were aware of any changes in people's health.

The manager told us about one person who was previously very anxious when attending medical appointments. They explained how staff had supported the person to improve the experience. The registered manager told us this had been effective and was "a great achievement" as the person was less anxious. Relatives confirmed they were made aware if their relative had any appointments. This ensured that people's health and well- being was being maintained.

Good

Is the service caring?

Our findings

We found staff were very caring towards people and people were treated with kindness and compassion. Staff approached people with respect, dignity and friendliness and encouraged people to have meaningful interaction with them.
Staff quickly recognised when people wanted something and took positive steps to engage with them.

We asked a person about the staff and they told us that they (staff) "Look after me."
Relatives were complimentary about the registered manager and the staff at Windward Way. One told us, "They care about the people," and another said "They are brilliant."

A staff member told us that the home was "A nice place to work," and the most important part of their job was to "Make sure that everyone is happy. When you see their faces light up or when they get excited, that's when you know you're doing things right."

We saw staff members encouraging people to choose where they wanted Christmas decorations displayed and to join in with singing songs to a musical video. We saw another member of staff ask a person where they preferred to sit, either, in a wheelchair or in a chair. The staff member acknowledged the person's choice.

Staff were aware of people's right to privacy and maintained supervision discreetly when people spent time in their room or in communal areas. When a person was supported with care we saw staff respected their privacy and dignity by taking them out of the communal area to their bedroom.
Whilst moving the person the member of staff explained to them where they were going and why. This meant that the person knew what was happening.
A member of staff told us they maintained people's dignity by "Always knocking doors before entering and cover a person up with a towel when we are helping them to have a shower".

A staff member explained to us how they support one person to be independent when choosing the clothes that they would like to wear. They told us "We hold up two choices and they pick which one they prefer." Where possible, people were involved in completing domestic tasks and one person's care plan showed us how they helped to wash their clothes. This meant staff knew and understood the importance of people maintaining their independence.

People were supported with their personal appearance and people looked individual in the way they dressed. People's preferences had been taken into consideration in how bedrooms were decorated. A relative told us "[Person] was involved in choosing how their bedroom was decorated." We were told that one person really liked 50's and 60's music. The décor in their bedroom reflected this.

Relatives and an advocate told us they were encouraged to be involved in people's care and there were no restrictions on visiting times. A relative said, "We just pop in when we want to visit."

Relatives were encouraged to maintain relationships with their family members. We saw there were social events planned and relatives had been invited. Relatives we spoke to told us that social events happened frequently and one relative told us, "It's nice to meet up with other parents."

Confidential information regarding people was kept locked so people were assured their personal information was not viewed by others.

Good

Is the service responsive?

Our findings

We observed staff were responsive to people's needs and had good knowledge of how they preferred their support to be provided. This meant people were supported by staff who knew them well.

Staff we spoke with told us about people's likes and how they tailored their care to meet their needs. One member of staff told us that one person, "Loves Elvis so we went to see an impersonator and they loved it!" Another member of staff explained how another person liked to spend time in their room rather than in communal areas, so they planned activities that could be done individually with them rather than in a group.

Staff told us they offered people daily choices, for example, what they would like to eat. They told us how they offered choices to each person varied as people's communication styles and abilities were all different.

During the day we saw how one person communicated with staff when they required assistance. A staff member responded quickly to the person and provided support.
We asked the member of staff how they knew what the person required as they did not communicate verbally. They told us "[Person] makes vocal sounds when they want me to help them, they understand everything that I say. It is a process of elimination to find out what they need. I have worked with them a long time so know how to communicate." They went on to explain "[Person] will push something away if they don't want it, become more vocal if they are unhappy and smile when they are happy."

A staff member also told us, "We use pictures with one person. This is how they make choices; some people can't tell us verbally. With other people we use gestures and sign language." This demonstrated staff supported people to make choices and communicated in way people understood.

People's care and support had been planned in partnership with their families and in a way that met their personal goals and care needs. One relative told us, "The manager asks us to contribute and approve my relative's care plan, so that its right". Staff confirmed they had enough time to read people's care plans and signed to say they had understood the information.

Care plans were individualised to the person and contained detailed information about people's preferences. These were reviewed monthly or when it was identified that people's needs had changed. The home's staff were working with the Speech and Language Therapy (SALT) team to make the information in care plans more accessible for people to understand. The registered manager told us they were also working with SALT to complete assessments of people's communication.

A keyworker system ensured people were supported by a consistent named worker. The keyworker was responsible for people's personal shopping and completing monthly 'welfare reports'. The registered manager used the reports to respond to any changes in the person's wellbeing and to update care plans and risk assessments.

People were supported to pursue their hobbies and interests. There was a range of activities provided that met people's individual needs. The registered manager told us that a recent priority for the home had been to improve both community and indoor activities. They explained how a minibus had been purchased which meant people could go out more.
One relative told us, "I did have concerns about the activities that were taking place but purchasing the minibus has made things better." Another told us "People go out when they want to." We saw people had been involved in community activities which included a trip to the zoo and a local garden centre.

We observed people joining in with activities in the home. This included an art activity, a film of people's choice and the use of sensory equipment and musical instruments. Other people went on a trip to local shops. We were told one person enjoyed going to church, which they did regularly with support from a relative.

There were systems in place to manage complaints about the service provided. The home had not received any complaints about the service within the last 12 months. The manager showed us compliments that had been received. This showed us that people were happy with the service being provided.

Information on how to make complaint was not on display in the home however arrangements were in place for people to share any concerns that they had with their families or their advocate.
A staff member told us they would know if someone was unhappy and they "Would tell the manager". Relatives we spoke with told us they knew how to complain and one said, "I would speak to the manager." Another told us that they had raised a complaint over 12 months ago and they were happy that it had been resolved.

Good

Is the service well-led?

Our findings

Relatives were happy with how the home was managed. They told us, "Since the manager started things have got better," and "The manager is very hands on and does an amazing job."

The registered manager had been in post since July 2013. We asked the registered manager if they felt supported in their role. They told us, "Yes, I have supervisions and meetings with the locality manager."

We asked the registered manager what they thought the home did well and what areas could be developed. The registered manager told us, "We are committed and continually looked at how we can improve things." They spoke passionately about their future vision for improving the service provided at the home. The vision had been shared with the staff team and families during meetings.

The registered manger told us the home were proactive and had good relationships with health professionals. This was something that they were proud of and something the "home does very well". The manger explained that staff working in the home recognised their limitations and knew when they needed to involve health professionals to meet people's needs.

A health professional who regularly visited the home told us that staff welcomed new ideas and were keen to improve things for people.

Staff told us that the management team were "Open to suggestions about how to improve the service" and morale "Was good". We saw staff confidently approach the registered manager who provided them with support and advice. One staff member told us they had been supported to arrange a holiday for the people who lived at the home.

We saw good team work and communication between the staff team and registered manager during the visit. Processes we looked at included handover records and communication books. This showed us that staff could pass on information and receive important messages from the management team.

An out of office hours, on-call system was in place. This meant that staff could speak to a member of the management team at any time if they had any concerns. The registered manager told us they were available outside of hours to deal with emergencies and to offer support and guidance to staff. Staff told us this made them feel supported and listened to and assured them they could seek guidance when they needed it.

The views of the people that lived there were gathered in a format that they were able to understand, for example, in a picture format. Quality questionnaires were also sent out to people's relatives and advocates. We looked at seven questionnaires that had been completed in August 2015.

Most of the feedback was positive and the outcome was that overall people were "very happy" with the service provided. We saw that the registered manager had analysed the feedback and had taken action to respond to people's suggestions and to make improvements to the service. One relative told us, "I raised

two issues with the manager; both have now been sorted out." Another told us, "The manager keeps us fully informed of what is going on at the home; they are honest if things go wrong, I appreciate their honesty."

We looked at records of 'family and resident's meetings' and saw that meetings had taken place every six months. Relatives we spoke with confirmed meetings took place. These provided opportunities for people to put forward their suggestions about the service provided. In addition a relative told us "The manager is available if I want to discuss anything."

Quality assurance systems were effective at ensuring improvements were made within the home. For example, medication audits had improved the handling of medications. We saw internal audits and checks were completed to ensure the quality of service was under constant review. The checks included audits of care plans and the environment.

The provider's internal quality team supported the manager and visited the home to complete checks on how the home was being run. An improvement action plan had previously been implemented and progress made was monitored. The provider had found that improvements had been made. This ensured that home was being run effectively and in line with the provider's policies and procedures.

An electronic finger print recognition clocking in and out system was used at the home. The registered manager explained how the system was used to effectively plan staff rotas and provide an audit trail of who had been at work. This meant that the manager knew each day if enough staff were on duty to meet people's needs

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included information about incidents that affected people who lived at the home or changes to how the service operated. It is important we receive all necessary notifications so we can monitor the service and take action when required.