

Angel Care Homes Limited

# The Leylands - Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The Leylands Residential Care Home is a care home providing personal care and accommodation to 18 older people. Care is provided on two floors, with bedrooms and communal areas on both floors. Some of the people are living with dementia. The service can support up to 21 people.

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

The care people received was not always responsive to their needs as staff offered an inconstant approach to how behaviours of concern were managed. When people were living with dementia their communication needs and how they could make choices were not always fully considered. Medicines were not always securely stored.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice. Improvements were needed to ensure staff had received training and had an understanding in some key areas such as management of behaviours.

There was a lack of governance in the service and the provider did not have effective systems in place to monitor the home or use the information to drive improvements.

People were supported in a safe way. There were enough staff available for people. Risks to people were considered and reviewed and some lessons learnt when things went wrong. People were supported by staff they were happy with. People were encouraged to remain independent and their privacy and dignity was maintained.

People had access to health professionals when needed. They were supported to maintain healthy diets and enjoyed the food on offer. People's preferences were taken in to account. They had the opportunity to participate in activities they enjoyed. There was a complaints procedure in place which was followed when needed

Staff felt supported and listened to. People and relatives were happy with the care they received.

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 15 July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the governance systems in the home as systems and audits were not always in place to identify areas of improvement.

#### 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?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# The Leylands - Residential Care Home

## **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.

#### Service and service type

The Leylands Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information we had received from the public. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

During our inspection we spoke with three people who used the service and three relatives. We also spoke with three member of care staff, a visiting professional and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for four people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home.

#### After the inspection

We gave the provider the opportunity to send us any further information, we did not receive anything from them.

# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Some medicines were not always stored in line with national guidance which may put people at an increased risk of not receiving their medicines as prescribed. We discussed this with the registered manager who told us they would take immediate action to rectify this.
- People were happy with how their medicines were managed. One person said, "The staff look after my tablets for me, they make sure I have them when I should."
- We saw staff administer medicines to people individually. Staff stayed with people to ensure they had taken them.
- We saw people were offered 'as required medicines' when needed. When people received as required medicines we saw there was detailed guidance in place for staff to follow.

### Assessing risk, safety monitoring and management

- People felt safe being supported by staff. One person said, "Yes I am safe here."
- Risks to people's health and wellbeing were considered, assessed and reviewed when incidents occurred.

### Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm. We saw when needed concerns had been raised appropriately in line with these procedures.
- Staff knew how to recognise and report potential abuse. One staff member said, "We raise any concerns with the manager who then would raise as a safeguarding. It could be any kind of abuse such as physical or financial or if we thought people maybe at harm."

### Staffing and recruitment

- People and relatives confirmed there were enough staff available to meet people's needs. One relative said, "Usually when we come there seem enough, sometimes there are more than others."
- We saw there were enough staff available to offer support to people and they did not have to wait.
- Pre-employment checks were completed before staff could start working in the home.

### Preventing and controlling infection

- There were infection control procedures in place and these were followed. The home was clean and tidy. People and their relatives raised no concerns.
- Staff told us they had access to gloves and aprons which we saw they used during our inspection.

### Learning lessons when things go wrong

- The provider had some systems in place to ensure lessons were learnt when improvements had been identified. For example, when incidents occurred in the home reviews took place to ensure improvements were made in the future. The registered manager told us they were reviewing this area to ensure this was better documented and used in more areas across the governance of the home.



# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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. 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

- When people lacked capacity to make decisions for themselves there was some documentation in place which stated which areas may require a decision to be made in people's best interests however this had not been formally assessed and there were no capacity assessments in place.
- The provider had considered when people were being unlawfully restricted and DoLS applications to the local authority had been made, authorisations for some people were in place. There were no conditions on the DoLS we reviewed.

Staff support: induction, training, skills and experience

- Staff were not always able to demonstrate a comprehensive understanding in some key areas, such as MCA and behaviour management. They told us they had received training in some key areas however this was not recently.
- We reviewed the training matrix, which showed us staff had not received up to date training in safeguarding, MCA, dementia and behaviour management. We spoke with the registered manager who confirmed that updates were needed. They told us they had identified this and planned a meeting where training was being reviewed.

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

- People's gender, culture and religion were considered as part of the assessment process.
- People's physical, mental and social needs were assessed and considered.

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

- People enjoyed the food that was available to them. One person said, "It is always tasty."
- At breakfast and lunchtime, we saw people had a variety of meals.

- People were offered a verbal choice of drinks with their meals and throughout the day.
- People were also offered a choice of where they would like to eat. Some people chose to eat at the dining room table whereas others preferred a smaller table in front of them in the lounge.
- People's dietary needs had been assessed. When people required specialist diets we saw this was provided for them in line with recommendations that had been made from health professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other services and professionals to ensure people received care which met their changing needs. For example, people were reviewed by speech and language teams and referred to the district nurse when needed.
- People had access to healthcare professionals and their health and wellbeing was monitored. One person said, "I have seen the doctor before when I was not well."
- People's oral health needs had been assessed and plans were in place to ensure people were supported where needed.

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

- People had their own belongings in their bedrooms.
- The home had been adapted to consider people's needs. Handrails were in place around the building and hoists and other equipment were available for people.

# 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 has 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 were treated in a kind and caring way. One person told us, "I have no complaints about the staff." A relative commented, "The staff are good we have no concerns about them."
- People received support from staff when they requested it. One person requested support, so they could stand to use the bathroom and staff helped them. Another person was unable to find their phone and staff helped them to look for it.
- Staff knew about people's preferences and backgrounds and were able to give accounts of people.

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

- People were encouraged to make choices about their day. One person said, "I can go to bed when I am tired, I don't like to stop up to late."
- The care plans we looked at considered choices and preferences throughout and staff provided support accordingly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. One person said, "They are respectful, yes."
- Staff gave examples of how they would support people with this. This included knocking on people's doors before entering their rooms.
- People were supported to be independent. The registered manager told us how they had supported one person to increase their mobility following a fall. The person had initially been told they needed to remain in bed, however with persistence the person was now walking with a walking aid. Records we reviewed confirmed this.
- Records we reviewed reflected the levels of support people needed.

# 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 has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- The care people received was inconsistent and not always responsive to their individual needs. For example, some people displayed behaviours that maybe of concern. We saw that staff responded to these with an inconsistent approach.
- The staff we spoke with gave differing accounts of how they would support people during these periods. There was no detailed guidance in place for staff to follow during these times.
- A visiting professional also raised concerns about this to us. They told us they had shared this with the registered manager. We discussed this with them who told us they were currently investigating this concern.
- Staff knew people's other needs well and offered support accordingly. People and relatives confirmed this to us.
- People had care plans which were personalised, detailed and regularly updated.
- People religious and cultural needs were considered as part of the assessment process.

### 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 careers.

- People who were living with dementia were not always provided with the support they required.
- People were asked what they would like to eat before their meal but there were no pictures, prompts or show plates used to support these people to make their choices, even though the registered manager told us this was people's preferred method of communication.
- The choices people were offered were also sometimes confusing. For example, at lunchtime the menu was chicken casserole and pork belly. People were asked if they would like chicken or pork. This did not reflect the meals on offer. There were no choices offered to people about the potatoes and vegetables that were accompanying the meal.

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

- People had the opportunity to participate in activities they enjoyed. One person told us, "There is enough for me to do."
- During our inspection we saw activities take place. During the morning people were receiving massages by an external person.

- Relatives told us they could visit when they wanted and were encouraged to do so.

#### Improving care quality in response to complaints or concerns

- People and relatives felt able to complain. A relative told us the registered manager was approachable and that concerns could be raised if needed.
- The provider had a complaints policy in place.
- We saw when complaints had been made the provider had responded to these in line with their policy.

#### End of life care and support

- There was no one currently being supported with end of life care.
- People had plans in place which had considered any preferences they may have in relation to this.

# 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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- There were some audits in place. However, these were not always effective in identifying areas of improvements.
- For example, the last medicines audit had been completed in December 2019. This had not identified that the levels of stock medicines for one person was incorrect.
- An infection control audit was also in place. There was conflicting information recorded on this. For example, all the boxes were ticked as 'yes' meaning there was no further action needed. However, recorded next to this identified an area of improvement. For example, that some chairs were in need of repair. There was no action plan alongside this. We spoke with the provider and registered manager who told us they had identified this as an area of improvement however this was not documented.
- Incidents and accidents were completed within the home and reviews took place after each incident. However, the provider did not always use this information to drive improvements within the home.
- The provider used CCTV in communal areas and they had not considered our guidance on this and completed the relevant assessments.
- The provider had not ensured that all staff received up to date training as reported under effective.

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

- Feedback was sought from people living in the home however this was inconsistent. For example, the provider had a survey in place, this was available for people to complete if they chose to. We saw one had been completed in March 2019, one in April 2019 and one in December 2019.
- As it was inconsistently completed the provider had not used this information to make improvements to the service. When minor concerns had been raised by people or their relatives there was no evidence how this information had been used or changes made.

We found no evidence that people had been harmed however, there was not effective system in place to identify concerns and drive improvement in the home. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and staff spoke positively about the management team and the support they received. One person said, "I have known the manager a long time she is very friendly." A relative told us, "We can approach her [Registered manager] if there are any concerns. I think it is a nice home and am happy with it."

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

- Duty of candour requirements were understood by the registered manager and they were open and transparent.

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

- Staff felt supported. They had the opportunity to raise concerns by attending team meetings and individual supervisions. One staff member said, "We are very supported by the manager. If we have something to say we can say it and they will listen to us."
- The registered manager ensured we received notifications about important events so that we could check that appropriate action had been taken. This was in accordance with their legal responsibilities.
- The rating from the previous inspection was displayed in the home in line with our requirements.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity                                             | Regulation                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The governance systems in place were not always effective in identifying concerns or driving improvements within the home. The provider had not considered guidance in relation to CCTV. Not all staff training was up to date. The provider did not always seek feedback from people living in the home or use this information to make changes.</p> |