

Angel Care Homes Limited

# The Leylands - Residential Care Home

## Inspection report

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Date of inspection visit: 19 November 2014  
Date of publication: 30/03/2015

## 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 

## Overall summary

At our previous inspection in April 2014 the provider was not meeting the law in relation to assessing and monitoring the quality of service provision. Following our April 2014 inspection the provider sent us an action plan to tell us the improvements they were going to make.

During this inspection we looked to see if these improvements had been made. This was an unannounced inspection and took place on 19 November 2014.

# Summary of findings

The Leylands - Residential Care Home provides accommodation and care for up to 21 older people. There were 20 people living at the service when we inspected.

The location requires a registered manager to be in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The care manager was in the process of applying for registered manager status at the time of our inspection.

Most people were positive about their experiences of the service. People told us they felt safe and comfortable using the service. Staff were aware of how to protect people and their rights. For example, staff knew how to identify abuse and report it. The provider had provision in place in order to evacuate people as safely as possible in an emergency. People's medicines were managed in a safe way which promoted their health. Staff managed risks to people to reduce the possibility of harm.

Staff we spoke with told us there had been improvements in the service since our last inspection. We found there were improvements since our last inspection in respect of

the assessing and monitoring of service provision. However, we found that, while the standards of care records had improved; there was still some improvement required.

The provider sought people's opinions in order to improve their experience of the service. The provider had a robust complaints policy and people told us they felt confident in raising issues with staff or the management.

Staff recruitment was carried out in a way that ensured staff were appropriate to support people. There were adequate numbers of staff to assist people in a safe way.

Staff demonstrated good knowledge of people's needs and responded to these in an appropriate and flexible way. Staff treated people with kindness and ensured people had what they needed. They communicated with people in the most effective way for the individual. This included some staff's ability to communicate with people in the person's preferred language. Staff were skilled in delivering care to people.

People received adequate food and drink in order to support their health and well-being. People who had cultural food preferences had access to the foods they preferred, but this was not consistently available throughout the week. Staff ensured people attended appointments with external professionals as required in order to support their health.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff knew how to identify abuse and report it appropriately.

Medications were safely managed and administered so that people received their medication in a safe way which supported their health and well-being.

There were provisions in place to support people in case of an emergency and to manage risk.

Good



### Is the service effective?

The service was effective.

Staff were skilled in delivering care and communicated in a way which helped them to understand people's needs.

People were given enough to eat and drink to support their well-being.

People were supported to attend appointments with external healthcare professionals to promote their health.

Good



### Is the service caring?

The service was caring.

People were positive about staff and said they were kind. Staff were sensitive and respected people's diverse needs.

People were involved in choices about the care they received.

People's dignity and privacy was supported by staff.

Good



### Is the service responsive?

The service was responsive.

Staff demonstrated good knowledge of people's needs and responded to people's changing requirements.

The provider had a complaints process in place. The provider advertised the complaints process, so that people were aware of how they could make a complaint, if they wished to.

Good



### Is the service well-led?

The service was not consistently well led.

Although care records had improved since our previous inspection, some care records required further improvement and personalisation.

The provider had implemented recommendations from a fire risk assessment to improve people's safety.

Requires Improvement



## Summary of findings

The manager was in the process of applying for registered manager status.	
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# The Leylands - Residential Care Home

## 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. We also checked to see whether improvements had been made since our last inspection.

This inspection took place on 19 November 2014 and was unannounced. The inspection was carried out by two inspectors. Prior to our inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider

must send us to inform us of certain events. We also contacted the local authority and the local clinical commissioning group, who monitor and commission services, for information they held about the service.

During our inspection we spoke with nine people who used the service. We also spoke with the deputy care manager and four care staff. The manager was absent during our inspection.

We reviewed the care records of five people who used the service and records relating to the management of the service.

We undertook general observations in communal areas. We used the Short Observation Framework for Inspection (SOFI) during lunchtime in the dining area. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

During our previous inspection of 2 April 2014 we found that risk assessments and actions in respect of keeping people safe in the event of a fire had not been implemented. We found that, for example, evacuation practices had not been held and evacuation equipment was not in place. During this inspection we found that these issues had been addressed. Records showed that recent fire evacuation practices had taken place and staff confirmed they had participated in these. We also saw that equipment to assist with the evacuation of people from the first floor was accessible to staff. Individual evacuation plans for each person had been created which provided guidance on how best to support people during an emergency. This meant that the provider had appropriate provisions in place in the event of an emergency.

All people we spoke with told us that they felt safe using the service. One person told us, "I'm safe and cosy here". Another person said, "I do feel safe and happy. There's nothing to worry about".

We spoke with staff who demonstrated that they were able to identify different types of abuse. Staff told us they would report suspected abuse either to the manager, or if appropriate, to the local safeguarding authority. We saw that the provider had a policy concerning keeping people safe which was accessible to staff and offered guidance on identifying and reporting abuse. This meant that staff knew what to do if they suspected abuse.

People we spoke with told us that they received support when required. One person told us they liked to go for a walk and staff ensured they were supported and safe when they did this. We observed staff being flexible in their approach to people in order to keep them safe. For example, one person required more support to move around the service when they felt less well. We saw staff providing increased support as this person became more

tired. One person was known to have a condition which may at times require additional staff support to reduce risk. Staff were clear about how this person should be kept safe and how risks to them should be managed. The person's records did not reflect how this should be managed but staff told us they would update them.

People told us there were enough staff to support them safely. We observed adequate numbers of staff on duty to assist people safely. The deputy manager told us that staff numbers had recently increased due to the increased complexity of the needs of some of the people who used the service. They told us they adjusted staffing numbers on the basis of their knowledge of people's needs. We saw that, where people required two staff to assist them to move, two staff supported them. We observed how quickly call bells were answered by staff and found that they were answered promptly.

We looked at staff records to establish whether the provider followed safe recruitment processes. We saw that staff had Disclosure and Barring Service (DBS; formerly known as CRB) checks, to ensure they were safe to work with people at the service. A staff member confirmed that they were not allowed to start working at the service until the results of this check had been received. We also saw that the provider had gathered information on staff's employment history and qualifications to see if they were appropriate to care for people who used the service.

People we spoke with told us they received the medicines they needed. We observed a member of staff administering medications to people. We saw that they carried this out in line with best practice. For example, they waited to ensure people had fully taken their medication before moving on to assist the next person. We found that stocks of medicines tallied with people's medication administration records, which meant that people were receiving the correct medicines in order to support their health.

# Is the service effective?

## Our findings

People we spoke with told us they received effective care and that staff were skilled in supporting them in the way they required. One person told us, “Staff are very good”.

Staff communicated with people effectively. Some people did not use English as their first language. We found that some staff on shift were able to speak their preferred language and others had learnt some words in order to assist communication. We saw staff communicating with people in a patient way which aided their understanding of people’s wishes.

We observed staff assisting people in a skilled way. We saw staff assisting people to move about the service. Staff did this in line with best practice and in a way which was detailed in the people’s care records. This meant that staff had the skills and knowledge in order to support people in the way they required.

Staff told us that they were well supported in carrying out their roles effectively. Staff told us they had received training in important areas of care and this was confirmed by staff training records. Staff told us that they received regular supervision meetings which allowed them to discuss areas of personal development and any issues they might have. We also saw evidence of staff having undertaken an induction process when they first started working at the service. This meant staff were supported by the provider to be effective in their roles.

We spoke with staff about their understanding of the Mental Capacity Act (MCA) and Deprivations of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a ‘Supervisory Body’ for authority to deprive someone of their liberty. Staff demonstrated knowledge about how they should support people’s rights and said they had received training which supported this

knowledge. We contacted the local authority who told us they had received no applications for DoLS. The deputy manager confirmed that no recent DoLS applications had been made. This showed that the provider was aware of the actions they needed to take to protect people’s rights.

We asked people about what they thought of the food at the service. Most people were complimentary about the food. One person told us, “The food is excellent. We get a choice. If you want something special they get it in”. However, some people who had cultural food preferences were not consistently catered for. For example, some people enjoyed Asian foods. They told us that, while they received these on occasions, they did not frequently receive their preferred foods. We spoke with the cook and deputy manager who told us that another cook, who was not working on the day of our inspection, was skilled in cooking Asian foods and did do this.

We observed lunch being served. People we spoke with told us they had enjoyed the meal. We saw that food was appetising and plentiful. People were offered additional servings and alternatives to suit their preferences. We saw that people who required support to eat were provided with this in a caring and sensitive manner. People who required protection for their clothing were offered this. Staff were aware of people’s specific needs around food, such as if they required diabetic appropriate foods.

We observed that people were offered plenty of fluids to drink throughout the day. Staff gave people choices of hot or cold drinks. We heard staff checking with people how they would like these drinks, for example, whether they required sugar in hot drinks.

People told us the service arranged appointments with external healthcare professionals when required. One person said, “I’ve seen the doctor. If I need the doctor to come, they arrange it”. We saw evidence in records of people being offered appointments with opticians, dentists and chiropodists. This meant that people’s health and well-being were supported by the provision of health appointments.

# Is the service caring?

## Our findings

People we spoke with were positive about staff at the service. One person told us, “They’re lovely”. We saw that interactions between staff and people were caring. Staff spoke with people in a kind and appropriate way. We heard staff encouraging people and describing what they were doing when they supported people to move around the service, so that people were aware of what was happening. People reacted positively to staff.

We heard staff speaking with people in a way which respected their cultural preferences. For example, we heard staff addressing people using terms of respect which were specific to their cultural backgrounds. Some people took part in an act of worship during our inspection. Staff took steps to ensure they had a quiet place to undertake this. This meant that staff were sensitive to people’s diverse needs during day to day interactions.

We saw staff seeking people’s approval before they assisted them and offered day to day choices. For example, one person appeared to be tired and staff asked them if they would like to rest in bed. Staff took time to ensure they understood the person’s wishes, which were unclear at first. We found that people were given information in their preferred language (for example, by staff with appropriate language skills) so that they could make informed choices.

We found that people’s privacy and dignity were respected. Staff we spoke with demonstrated that they knew the importance of respecting people’s privacy and dignity. We saw that staff arranged for people to have privacy when they wanted to undertake acts of worship and supported people to the toilet discretely. We saw staff welcoming and assisting guests and visitors to be comfortable. We observed caring interactions between staff and visitors.



# Is the service responsive?

## Our findings

All but one person we spoke with told us that staff responded to their needs and they received the support they required. We heard staff checking with people to ensure they had everything they needed. Staff asked people how they were. We heard one person reply, “I’m very comfortable”. Staff responded positively when people made requests. One person told us they were less happy with the care they received. We saw staff making attempts to engage positively with this person throughout our inspection. We saw, from records, that this person was receiving additional external support for low mood. Staff were attempting to engage with this person in the way outlined in their records.

We found that some aspects of person centred care planning had improved in people’s records. For example, care records contained personal histories of people, such as what they did for work. Relationships which were important to people were also detailed. This meant that staff had information about what was important to people. We spoke with staff about people and they showed good knowledge about what was important to them and what relationships were important to people.

We spoke to people about what they liked to do and how staff supported them in this. One person told us they enjoyed reading. We saw that they had a library book with

them. They told us staff helped them to obtain books. Another person told us they liked to walk out in the garden. They said staff supported them to do this when they wanted. We heard staff asking this person if they would like to go outside. Records showed and our observations confirmed that people were involved in stimulating activities. For example, we saw people taking part in a ball game. This meant that people were supported to pursue things that interested them and kept them stimulated.

We found that the service had carried out a survey during Summer 2014. We saw that most responses from people to questions about the quality of the service were positive. We saw that, where a person had raised an issue, this had been addressed by the provider. For example, one person complained about their mattress. We found that the service had changed the type of mattress this person used as a result.

The provider had a complaints process in place. The provider also maintained a system for the recording of complaints, which showed the nature of the complaint and how it had been progressed and responded to. The complaints process was described in the service user guide, which was given to people who used the service. People told us that they felt comfortable in raising issues with staff members or the manager. This meant that people knew how to raise a complaint, if they needed to.

# Is the service well-led?

## Our findings

At our inspection in April 2014 we found concerns about the quality of the service provision and how it was assessed and monitored. For example, we found that a fire risk assessment had been completed, but not implemented in a timely way; issues of maintenance and health and safety were not always addressed and that the provider's audits were not effective or were not being completed.

During this inspection we saw that people's care records were not consistently personalised. For example, one person who had diabetes had a diabetic care plan, but this did not include information personal to their condition, such as how it was monitored. However, we saw improvements in care records since our inspection of 2 April 2014. This meant that further improvement was required in records to ensure they were personalised, comprehensive and up to date so that staff had access to the latest guidance regarding people's needs. Staff were able to demonstrate up to date knowledge of people's needs and delivered appropriate support to people.

We found that the provider had made improvements in their audits and monitoring of the quality of the service. At our previous inspection we found that some health and safety issues had not been identified. For example, frames to support people in toilets did not have rubber stoppers on the bottom of them. This meant that the frames could slip when people were using them. This had not been identified during the provider's own health and safety audit of the service. All frames we looked at during this inspection did have stoppers on them. This meant that the provider had addressed this issue to improve safety. We saw that regular medications audits were completed in order to ensure people's medicines were correctly managed. We saw that these audits were effective.

We found that the provider sought to understand people's experiences of the service. We saw that a service user satisfaction survey had been carried out. Where appropriate, people had been supported to complete this

survey by relatives or staff. We saw that responses to questions about the quality of the service were mostly positive. We spoke with the deputy manager and found that the provider had considered less positive responses and taken action to remedy these where practicable, although these were not formally recorded.

We saw that the provider had changed some practices to ensure people's experiences were improved. For example, we found at our previous inspection that people's wheelchair footplates were kept together in one area. Staff told us they could not always find the correct footplates and as a result people were being moved in wheelchairs without footplates, which put them at risk of injury. Staff told us, and our observations confirmed that the manager had addressed this and people's footplates were now kept with their own wheelchairs. This meant that the provider had reacted to our previous concerns in order to prevent potential injury to people.

We saw that the provider had responded to the provisions of a fire safety assessment, which they had previously failed to fully implement. We saw that equipment and staff practices recommended in the audit had now been applied. Staff we spoke with were positive about the recent changes and improvements made at the service. They told us the manager had worked hard to address the previously identified shortfalls and this had impacted positively on the service, staff and people who used the service. This meant that the provider was acting up on recommendations to improve the experience and safety of people who used the service.

At the time of our inspection, the manager was applying for registered manager status. People who used the service and staff told us that they found the manager approachable. People were aware of who the manager was and told us the manager made themselves available to people. Staff told us they felt well supported by the management team and that they communicated well with staff.