

Crystal Nursing Services Limited

The Leys Residential Home

Inspection report

Old Birmingham Road
Alvechurch
Birmingham
West Midlands
B48 7TQ

Tel: 01214455587

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06 February 2019

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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

About the service:

The Leys accommodates up to 20 older adults in one adapted building. There were 18 people living there at the time of the inspection, most of whom were living with dementia.

What life is like for people using this service:

- People enjoyed living at The Leys and felt safe and reassured by the support they received from staff they knew and liked.
 - Staff understood how to protect people from abuse and how to report their concerns. Staff recognised the risks to people's health, safety and well-being and how to support them safely.
 - People were supported by sufficient staff when needed.
 - Staff recruitment processes included a check of their background to review their suitability to work at the home.
 - People received support with their medicines. Regular checks were undertaken to ensure people received the correct support from staff who were competent to support them. Checks also included how the medicines were stored.
 - Staff understood and practised infection control techniques.
 - The registered manager ensured people's care was based on best practice and staff had the correct training to meet people's needs.
 - Training was reviewed to ensure staff training was in line with current best practice.
 - Staff were offered guidance and support with supervision and staff meetings.
 - People were offered choices at mealtimes and staff understood which people required support and ensured they received this.
 - People were supported to attend healthcare appointments. Healthcare professionals were assured that advice was correctly followed by staff and incorporated into people's care.
 - People were treated with dignity and respect and their independence was promoted.
 - People and their families were involved in planning their care with support from staff.
 - Staff supported people to enjoy a range of activities which reflected people's individual interests.
 - People and their families understood how to complain, but felt they had not needed to complain.
 - Staff felt supported within their working environment and felt part of a close knit team.
 - Staff worked together with the registered manager and registered provider to ensure people's care was continually monitored, reviewed and reflected people's needs.
 - The manager and staff worked with other stakeholders to improve people's experience of care.
- We found the service met the characteristics of a "Good" rating in all areas; For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good (Report published March 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service

remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

The Leys Residential 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: There was one inspector in the inspection team.

Service and service type: The Leys is a 'care home'. People in care homes receive accommodation and nursing or personal care. 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 took place on 6 February 2019 and was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection visit, we spoke with three people who used the service and two relatives to ask about their experience of the care provided. We also observed how people interacted with staff.

We spoke with the registered manager, the deputy manager, a volunteer, two members of the care staff, as well two visiting healthcare professionals.

We reviewed a range of records. These included three people's care records, together with their medication records. We also reviewed people's records of their background/history.

We looked at records relating to the management of the home. For example, systems for managing any complaints, checks undertaken on the health and safety of the home, surveys completed by people and compliments received. We also reviewed two staff files to review recruitment practices.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with told us they felt assured their family member was safe at the home. One person told us, "I'm safe here."
- Staff understood how to support people to keep them safe and recognised the signs of abuse. Staff had received training and understood how to escalate their concerns.
- The registered manager was aware of how to report any concerns to both the local authority as well as the CQC.

Assessing risk, safety monitoring and management

- Staff understood the health conditions people lived with and any risks to their health. They were able to describe the steps they took to mitigate any further risks to people's wellbeing. For example, staff understood which people required pressure relieving cushions and ensured people used these to prevent their skin from breaking down further.
- Three care plans we reviewed detailed how risk assessments had been reviewed and updated regularly. When new risks emerged, these were also documented and monitored.

Staffing and recruitment

- People told us they had access to support from staff when needed and we saw people were supported in a timely way.
- Staff we spoke with told us staffing levels were sufficient for the needs of people at the home.
- We reviewed two staff files and saw the registered manager undertook pre-employment checks.

Using medicines safely

- People received support with their medicines that was responsive to their individual needs. We saw the registered manager supported people in a patient way that allowed people the time they needed to take their medicines safely.
- Regular checks were in place to ensure people had taken their medicines as prescribed. Additional checks were undertaken by the pharmacy supplying medicines to the home to ensure the administration and storage of medicines was correct.

Preventing and controlling infection

- The home was clean and odour free. We saw staff practice infection control techniques throughout the day that minimised the spread of infection. Staff also had access to protective clothing such as gloves and aprons.

Learning lessons when things go wrong

- Staff told us they discussed any issues that concerned them with the registered manager or deputy manager and had no hesitation in doing so. Staff understood when issues needed to be reported.
- The registered manager explained they documented incidents like falls so changes in people's needs could be identified and appropriate help sought. The registered manager told us how security at the home had been improved following an incident at 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed by the registered manager before they moved into the home. People and their families were involved in discussions about people's needs so people could express their expectation and wishes.
- People's needs were continually reviewed to ensure their needs were being addressed and to ensure staff had the necessary skills to support people.

Staff skills, knowledge and experience

- Staff were supported with training that was regularly reviewed and updated by the registered manager. We saw staff put their training into practice, for example by transferring people safely using specialised equipment.
- New staff were supervised during their induction and provided with feedback to ensure they had the necessary skills and knowledge to support people at the home.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff understood which people required support with their meals and ensured they received this. Where people's diet was monitored, we saw how healthy choices were promoted in order that people received the correct support. Staff also recorded, where appropriate, details about people's appetite to ensure people stayed healthy. People were offered choices in the food and drink offered to them.

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

- People's healthcare needs were known and well supported, with clear records and care plans in place. Care plans detailed how people were supported to attend a variety of health related appointments. The podiatrist and optician also visited the home to help support people with their health.
- People told us if they were feeling unwell, they had the assurance that staff would support them and get the help they needed. We spoke with a visiting healthcare professional who told us, "They know all the patients inside and out and I've never had any problems".

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

- The Leys had a homely feel to it and people told us they were encouraged to bring in items of special importance to have with them in the home.
- The registered manager involved people in plans for the development of the garden areas which included increased accessibility. We saw people enjoying the grounds and they described how much pleasure they gained from this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and we found that they were.

- Consent was sought before care and support was provided.
- We found people's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives, staff and other health and social care professionals.
- The MCA and associated DoLS were applied in the least restrictive way and correctly recorded.

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

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People liked and valued the staff supporting them. One relative told us they thought the care was, "Amazing."
- We saw staff demonstrating warmth and kindness towards people and people responded with smiles and tactile demonstrations of affection. People were keen to initiate conversations with staff about things they wanted to discuss.
- Staff told us some of them had worked at the home for a number of years and had got to know people and their needs really well and felt more like friends. Staff could describe each person's personality and each person's preferences for support.

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

- People were supported to express the views and opinions in ways that reflected their ability to do so.
- People were involved in discussions about their care, such as where they would like to spend their time and whether they would like to take part in an activity.

Respecting and promoting people's privacy, dignity and independence

- People's level of independence was understood and recognised by staff. For example, staff knew which people could walk independently and who required a little reassurance from staff.
- Staff understood how each person chose to be supported and ensured this support was given.
- Staff took pride in ensuring each person's personality and dignity was maintained. For example, staff recognised one person liked to be involved with the home and supported them to do tasks they had enjoyed doing prior to moving to the home.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered manager explained because they were a small home, each staff member knew people and their needs well. We saw staff could respond to people immediately because they understood their preferences. For example, one person had left their cardigan in the dining area. Staff immediately fetched the cardigan because they understood the person would want it.
- People were encouraged to speak to staff and meet with them to discuss their lifestyle choices and preferences. Staff told us for some people, their preferences changed over time and it was important that staff responded to those changes. For example, one person's taste in food had changed from when they first arrived and staff explained how they supported the person to try new things.
- One relative told us about the individual care their family member received, "She always has her nails and hair done. They were always really important to her."
- People were supported to participate in a range of different activities. We saw people pursuing art interests as well as taking part in gentle exercise. People were also encouraged to keep in contact with family members via social media.

Improving care quality in response to complaints or concerns

- People and their families understood how to complain if needed. One relative told us, "I've got no complaints. I feel blessed she's here." The registered manager explained they did not have any complaints and worked with families to understand people's care needs.
- The registered provider explained they made themselves available to people and their families to discuss any issues with care they may experience.

End of life care and support

- The registered manager explained where appropriate they supported people and their families to plan their end of life care. The registered manager explained that where it was helpful to families following a bereavement, they also helped to facilitate the celebration of the person's life.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager understood their role and had been at the home for a number of years as a registered manager. Several staff had also worked there for significant periods of time and staff described a stable team that got on well with each other.
- The provider knew and understood the obligations of their role and worked with the registered manager to review and improve people's experience of care. The registered manager discussed any issues with people's care with the provider, so they had a detailed knowledge and understanding of any developments within the home.
- People described the registered manager as approachable and people and their families were also given the provider's email, should they need to contact them.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff described a close relationship with the registered and deputy manager and felt able to approach them and seek guidance if needed. Staff also explained how the registered manager was "Hands on" and supported staff through feedback and supervision. Staff described communication with the registered manager as open and honest.
- There were quality monitoring checks in place to make sure high quality, safe care was provided. The registered manager undertook regular checks of care plans, medications and fire safety and explained how any improvements needed were made.

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

- There were on-going discussions with people at the home to better understand their experiences so where changes were needed, these could be made. People were invited to attend 'resident's meetings' as well as complete feedback questionnaires. For example, residents were asked their feedback about their Christmas meal, so if improvements were needed, these could be made.
- Staff at the home felt able to raise issues or suggest improvements. For example, staff told us they made suggestions for changes to people's care, and the registered manager had listened.

Continuous learning and improving care

- The registered provider made weekly visits to The Leys and knew people and understood their needs well. The registered manager explained they worked together in partnership and shared ideas for continually

improving care at the home.

Working in partnership with others

- The registered manager told us they had a good working relationship with the local GP and this helped to limit unnecessary admissions to hospital. A visiting healthcare professional felt advice was sought appropriately and incorporated into people's care. They told us the home was "Well managed."
- A volunteer described their work and how links with local children saw children developing friendships with some of the older people living at the home.