

Quality Homes (Midlands) Limited

Leighswood

Inspection report

186 Lichfield Road
Rushall
Walsall
West Midlands
WS4 1ED

Tel: 01922624541
Website: www.qualityhomesuk.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Leighswood is a residential care home providing personal care and accommodation to people aged 65 and over who may also be living with dementia. The care home is registered to provide support to 23 people in one adapted building, at the time of inspection 14 people lived at the home.

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

Enough improvements had been made to the home to meet the previous breaches of regulations. The environment had been redecorated in several areas and new bathrooms and toilets had been fitted. We found the environment to be safe for people to use. The garden had been cleared and was now accessible for people to enjoy. Further improvements were planned to make the environment more dementia friendly.

People told us they felt safe, and relatives had no concerns about their loved one's safety. Staff had received refresher training about how to escalate concerns and were aware of potential risks when providing support. People received their medicines when they needed them. Staff were following current guidance and wearing the appropriate personal protective equipment.

Improvements were ongoing to ensure care records reflected people's needs and preferences, and to provide meaningful activities that met individual needs. Systems were in place for people and relatives to raise any concerns.

People and relatives thought the management team were approachable and positive comments were received. People and relatives confirmed they had been consulted about the running of the home and the improvement's that had been made. Audits were in place and these were used to check the standards in the home, to monitor the ongoing improvements, and to ensure people received safe care.

Rating at last inspection (and update) The last rating for this service was Inadequate (published 26 February 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve the breaches in relation to good governance, premises and equipment and person-centred care.

This service has been in Special Measures since February 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 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 ●

Leighswood

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors. Two inspectors visited the home on the 9 September 2020, one inspector undertook telephone calls to staff and relatives on 9, 10 and 11 September 2020.

Service and service type

Leighswood is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave a short notice period of 24 hours before the inspection because of the risks associated with COVID19. This meant that we could discuss how to ensure everyone remained safe during the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and healthcare professionals who work with the service. 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

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff, the deputy manager, registered manager, provider and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records, and three people's medication records. We looked at two staff files in relation to recruitment. We also looked at records that related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection this key question has remained the same. This meant further improvements were needed to ensure aspects of the service were safe, improvements were sustained and embedded to ensure people were protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure premises and equipment were properly maintained, properly located and secure, which placed people and staff at risk. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Improvements had been made to ensure the environment and equipment was safe for people and staff to use. Several areas of the home have been redecorated, bathrooms had been refurbished and new facilities fitted. Fire extinguishers were fitted safely to the wall. Repairs had been actioned, and the registered manager completed regular walk arounds to check the environment and equipment to ensure it remained safe.
- Improvements had been made and were ongoing to ensure all risks to people were assessed. Records showed risks such as malnutrition, skin integrity, falls, moving and handling and safety had been considered, and where risks were identified there was a corresponding care plan to manage this. For example, a person who was risk of falls, had a support plan which detailed the support they required from staff to reduce these risks. The management team were working towards adding more detail within the care plans and risk assessments for staff to refer to.
- Relatives told us staff knew about any risks associated with providing people's support. A relative said, "Risk assessments are in place, I am involved in [person] care planning and any changes are recorded and put in place very quickly. Because of coronavirus, they're on the phone to me if anything changes for [person]."
- Staff were familiar with the risks to people's safety such as people at risk of falling. One staff member said, "There are risk assessments in people's files for us to refer to and these are current and are updated when they need to be. I would also tell the registered manager if I felt someone was more at risk, she is responsive."
- Records showed checks were undertaken on the fire systems within the home and several staff had completed fire marshal training. The nominated fire marshal was now indicated on the staff rota.

We could not improve the rating for Safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us staff provided safe support and they had no concerns to share. One person said, "I feel safe here and the staff are kind to me." A relative told us, "[Person] is safe, there was an incident a few months ago but they dealt with it straight away. They took timely actions and I was satisfied with what they did."
- Some staff had recently completed refresher training in relation to safeguarding people from abuse. One staff member told us, "I would report any concerns to the manager or go to the external agencies. The key is to report without delay any concerns."
- The management team were clear about their responsibilities to safeguard people and had reported any safeguarding concerns to the local authority and ensured they were investigated appropriately. Action had been taken where required to safeguard people.

Staffing and recruitment

- Relatives told us they thought there was enough staff to meet people needs. A relative said, "There's always enough staff around for [person] and they seem well trained. You hear them discussing training they've been on or are going on".
- Staff we spoke with told us there was usually enough staff on duty. A staff member said, "Yes I think there is enough staff. It's a good team that work well together."
- Systems were in place to monitor the needs of the people living in the home and the staffing levels provided.
- Records confirmed the required recruitment checks had been completed before staff commenced working in the service. Part of these checks included a disclosure and barring check which ensured potential staff were suitable to work with vulnerable people.

Using medicines safely

- People and relatives confirmed medicines were given when they needed them. One person said, "Yes I always have my medicines on time and as prescribed." A relative told us, "Yes I've seen them give it and they check [person] has taken them."
- Improvements had been made and all creams had been dated when opened.
- Staff told us they had received training to administer medicines which included an observation of their practice to ensure they were administering medicines safely. Records seen confirmed this.

Preventing and controlling infection

We looked at the infection prevention and control measures in the home. These were our findings.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Systems were in place for accidents and incidents to be reviewed for any patterns and trends and to mitigate future risk.

- Improvements had been made following our last inspection, and lessons learnt to improve the environment and the ongoing oversight of the service provided to people. Improvements are ongoing in all areas and these need to be sustained and embedded to ensure the service moves forward.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant further improvements are required to ensure people's needs were met.

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

At our last inspection the provider had failed to ensure people received person - centred care that met their needs and reflected their preferences, this meant people were not suitably supported. People were not always enabled to participate in making decisions relating to people's care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Improvements have been made and were ongoing to provide people with meaningful activities that met their needs. During our inspection visit we saw people being involved in a sensory activity of tasting different foods, singing, and playing a game of bingo. We saw a person carrying their 'baby' around whilst they were walking around the communal areas. Rummage boxes were available in the lounge areas and an activities board was displayed detailing what activities people could participate in if they wished. We observed two people in the dining area enjoying a chat together, in addition to staff chatting to people about various topics.
- Photos and records reflected previous activities provided included, gardening, memory days where props had been hired to create themes such as a pub, and shop.
- Discussions with the nominated individual and provider demonstrated they were committed on continuing to make improvements and resources were available as and when needed for the provision of activities.
- The management team had arranged for a 'Dementia Support Worker' to visit the home to assist them in making improvements to the environment and the activities for people that live with dementia. They told us, "The manager has been proactive in ringing for advice on how best to support people. A 'dementia buddy' has been assigned to the home for contact." A dementia buddy is someone who can provide advice and support on improvements that could be made to the environment and activities provided to meet the needs of people that live with dementia. Due to Covid19 the support visits have currently been put on hold.
- Observations of the environment demonstrated improvements had been made to enable people to orientate around the home. People had been consulted about their choice of colour for their bedroom doors. Bathrooms and toilets had been painted in different colours to the corridors, and communal areas

had been redecorated and some had murals painted on them.

Ongoing improvements to the environment were planned as some walls in the corridor areas were plain with only a few photos or pictures displayed.

- The registered manager told us a staff member had been identified to complete training to become a dementia champion so they can continue to lead the home in making improvements.
- People's care records reflected the contact staff and people have with their relatives and loved ones during the restrictions imposed during Covid19 and in relation to any changes in their wellbeing. A relative told us, "Communication from the home is excellent, I haven't had a survey to fill in recently, but we talk all the time and they let me know if there's any concerns."
- Records we reviewed reflected care plans have been reviewed monthly. However, these continued to not always reflect the changes in people's needs for that particular month as recorded in other areas of the care plan. We saw 'no change' was recorded often when reviews were undertaken. The registered manager told us this was an area they continue to improve upon.

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 carers.

- Information about people's communication needs was recorded in their care records and staff were knowledgeable about individual needs. Some information was available in a pictorial format to assist people to make choices, and pictorial information had been obtained about COVID19 to support discussions.
- The registered manager had more understanding about the AIS and improvements were planned to make more information accessible to the needs of the people living in the home.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to raise any concerns. One relative said, "If we have any concerns we can talk to any member of staff and they'll take us to discuss it with the manager. Everything is logged and they let us know what our options are if we want to take things further. They try to sort out any issues there and then, they're really good, I've got no complaints at all".
- Systems were in place to record and respond to any complaints or concerns shared.

End of life care and support

- Information about people's wishes and any pre-arranged plans had been considered and recorded in people's care records. We were advised by the registered manager no-one was currently receiving end of life care.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership required further improvement to ensure they were consistent. Leaders and the culture they created needed further improvement to always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to operate effective systems to make and sustain improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Following the last inspection, improvements have been made to address the shortfalls we had identified. The provider has met their regulatory requirements by sending the required information to CQC on a monthly basis. This information outlined what improvements were being made at the service. Although action has been taken to improve the service these improvements were ongoing and need to be embedded and sustained throughout the service.
- Audits were in place for the environment, medicines, infection control, and records. These had been improved and were more effective in assisting the management team to identify any areas for improvement. These improvements were ongoing, and audits of the care records needed to be more robust to ensure information was clear and accurate. For example, it was not clear from one person's care records what change had been made in relation to their medicines as certain information had not been changed. The registered manager advised us a new system was being implemented where the registered manager from a sister home would audit the care records and provide feedback.
- The registered manager completed regular walk arounds of the environment and observed care practices in order to monitor care provided and to identify any repairs. This information was then shared with the nominated individual and provider to act upon. A new service improvement plan had been devised and shared with us, of the planned improvements in the next few months. This included action to make the home more dementia friendly.
- The providers website had been updated and information that was not accurate had been removed. The current CQC rating was reflected on the providers website and within the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- Feedback had been sought from people and their relatives about the service provided. Where comments were raised the registered manager told us these had been addressed. However, there was no records to support this in the form of a report or analysis report of the survey findings.
- People and relatives made positive comments about the management team. One person said, "The manager is lovely, I can talk to her about anything, she's very approachable. They talk to me all the time, ask me how I'm doing and if I want anything." A relative told us, "I know the manager she's wonderful, always keeps me posted about what's going on."
- Staff we spoke with told us the morale had improved in the home. A staff member said, "The morale was really low after the last inspection. But there has now been a lot of investment from the provider and the home is much better for people and for the staff. It has made our jobs easier as the home is easier to keep clean and we have new equipment we can use. We feel valued and the morale has improved because of that."
- Staff told us they felt involved in the ongoing improvements of the home and supported in their role. A staff member said, "The manager is really good you can go to her with anything. I feel listened to. It's like a little home here for the residents, everyone gets on well, there's no problems." Observations of staff practice were now undertaken as part of the managers walk around and recorded.

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

- The registered manager understood her responsibilities in relation to the duty of candour regulation and being open and honest and accepting responsibility when things went wrong.

Working in partnership with others

- Feedback from social and healthcare professionals demonstrated the management and staff worked well with external professionals. A healthcare professional told us, "Staff appear attentive to listen to recommendations of care or interventions. Some staff also show real interest in learning and ask questions."
- The management team have worked in partnership with the local authority in addressing the improvements required in the home.