

Crystal Nursing Services Limited

The Leys Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The provider is registered to provide accommodation and personal care for up to 20 people at The Leys Residential Home. The layout home environment is set out over two floors with two lounges, a conservatory, a dining room on the ground floor and extensive gardens. There were 15 people living at the home at the time of our inspection.

This inspection took place on 5 February 2016 and was unannounced.

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.

People had no concerns about their safety. Risks to their safety had been identified and staff had training in how to recognise and report abuse. The registered manager reviewed accidents and incidents to look for opportunities to improve staff practices for the future.

Staff were recruited in a safe way and had relevant training and support to develop their skills in meeting people's needs. People were cared for by staff who knew them well and responded to their needs.

People had their medicines when they needed them and staff had been trained to manage medicines safely. Staff had written guidance to support people with their medicines so that they were administered safely at the right times and in the right way.

People were able to access a range of healthcare professionals when they required specialist support and they were provided with meals which met their nutritional needs.

Staff were aware of the importance of seeking people's consent before care was carried out. We saw staff respected people's choices. Where people had their liberty restricted in order to keep them safe the registered manager had made sure they had acted in accordance with the law.

Staff cared for people in a kind, warm and friendly way. People and their relatives were involved in planning the care and support provided. Staff listened to people and understood and respected their needs. Staff reflected people's wishes and preferences in the way they supported people with their care needs.

People had access to spontaneous activities. The registered provider and registered manager told us that further work was in hand to improve the regularity of fun and interesting things for people to do which were personalised to meet their individual recreational interests.

People told us that they were happy living at the home. They knew how to raise any concerns if they needed

to and we saw arrangements were in place to listen and act upon any concerns. The registered manager had an open and inclusive way which encouraged staff to speak out if they had any concerns. Quality monitoring systems were in place and the registered manager had made improvements so that the home was run in the best interests of the people who lived there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People felt safe living at the home and staff supported them in a way that reduced risks to their welfare and safety. Staff were able to recognise any signs of potential abuse and had an awareness of who to report concerns to. There were sufficient suitable staff with the right skills to make sure people's needs were met and their safety was not compromised. Medicines were managed well and available for people as prescribed.

Is the service effective?

Good ●

The service was effective. People felt staff knew how to support them and staff reported their training was effective in meeting people's needs. People were supported to make decisions wherever possible and staff understood how to support people as they made sure they applied best interest principles. People were able to access healthcare support when they needed it which included meeting their nutritional needs.

Is the service caring?

Good ●

The service was caring. People were treated with dignity and respect as staff met people's diverse needs. Their choices and preferences about the care they received were respected. Care and support was provided in a warm and friendly way by staff who knew people's likes and dislikes.

Is the service responsive?

Good ●

The service was responsive. People received individualised care and support which was responsive to their changing needs. People were supported in pursuing their personal interests and activities were provided. Further work was in hand to ensure people had consistent recreation and leisure activities which met their individual interests. People and their relatives knew how to raise concerns and make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well led. People and their relatives were encouraged to voice their opinions and views about the service provided. Staff felt well supported and were aware of their

responsibility to share any concerns they had about the care provided. The registered manager and registered provider had systems in place to assess and monitor the quality of the service provided.

The Leys Residential 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.

This inspection took place on 5 February 2016 and was unannounced. The inspection team was made up of one inspector and an expert by experience who has knowledge and experience of care for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from the local authority. They have responsibility for funding people who used the service and monitoring its quality. In addition to this we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with 10 people who lived at the home and five relatives. We spent time with people in the communal areas of the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who use the service.

We spoke with the registered provider, the registered manager and deputy manager, three staff members which included the cook. We looked at the care records for five people, and sampled accidents records, training records, three staff recruitment records and staff rotas, menus, complaints, quality monitoring and audit information.

Is the service safe?

Our findings

People spoken with told us they felt safe living at the home. One person told us, "They (staff) know what I need and are always there when I need them." Another person told us, "I feel safe."

We also received positive responses from relatives about how they felt their family members were supported to stay safe. A relative told us action was taken to promote their family's members safety. This included equipment to reduce the risks to the person. They said this made them feel reassured their family member was in safe hands. Another relative said their family member, "Feels safe."

Staff we spoke with were able to tell us how they kept people safe and protected them from harm and abuse. They knew how to recognise the different types of abuse and had received the relevant training in how to keep people safe from abuse. They understood the responsibility they had for reporting incidents of potential abuse to people and were confident the registered manager would take action on any concerns they raised. We saw from records where concerns had been raised with the registered manager they had taken action to make sure people were safe and their needs had been met.

Staff we spoke with could identify the risks to individual people's safety and the actions they needed to take to manage these risks. For example, we saw people with reduced physical needs were assisted by staff from their chairs to wheelchairs. We saw staff supported people with specialised equipment and staff made sure people were comfortable. Staff we spoke with were able to tell us they felt confident to use equipment to help people to move as they had received training to do this safely. We saw a person experienced a fall and staff assisted them with the use of specialist equipment and this was done with all regard for the person's safety. We saw the person's physical needs had been identified and in line with their care plan they had been provided with a walking frame to promote their independence while reducing the risks of falls. We saw people's walking aids were near to them so people were not restricted unnecessarily in their movements.

Staff understood how to report accidents and incidents and knew the importance of following these procedures to help reduce risks to people. The registered manager monitored all accidents and incidents which occurred. They told us by monitoring these they could identify any trends which may indicate a change in people's needs or their health condition. We saw where accidents and incidents had taken place these had been investigated to help prevent these from happening again. For example, in response to a person falling their needs had been reviewed with the consideration of any equipment or aids they may require and their care plan updated with any changes made.

Staff told us they were unable to start work at the home until references from previous employers had been obtained. We saw checks had been completed to make sure they were suitable to work with people who lived at the home. Staff recruitment files confirmed what staff had told us and showed people were protected by the provider's recruitment arrangements.

People we spoke with told us staff were always available to assist them. One person told us, that at times staff seemed to be busy but they always assisted them. A further person told us, "I get a lot of aches and

pains but they (staff) will come and help me." A relative said they believed there were enough staff on duty to meet people's care needs. We asked the registered manager how they made sure there were sufficient staff to meet people's individual needs. They told us staffing levels were based on meeting people's assessed individual needs and staff shortages would be covered to make sure staffing levels were maintained. We saw the number of staff on duty matched what was planned on the rotas. Staff spoken with did not raise any concerns about staffing levels and we did not see people waiting unreasonable lengths of time for their needs to be met which would indicate their safety was being compromised.

We spoke with two people about how they were supported with their medicines. They told us they always received their medicines and were happy for staff to support them with these. We looked at the storage and administration of people's medicines and saw these were in line with good practice. People were supported to take their medicines when they needed these by staff who were trained to do this. We saw the deputy manager administering people's medicines at lunchtime and they did by talking with people and carefully checked people had taken their prescribed medicines. Some people had their medicines 'as required' which detailed when people might need them, such as when in pain. We checked the medicine records with the registered manager and saw these reflected people had their medicines as prescribed. We saw medicines were securely stored and there were arrangements in place to dispose of medicines when this was required. Regular checks were carried out of medicine management which were completed by management team and externally by a local pharmacist. We saw action had been taken by the management team to address any recommendations made.

Is the service effective?

Our findings

People thought staff knew how to meet their needs. One person told us, "They (staff) look after you well." Another person said, "They (staff) certainly know what they are doing and how to help me." A relative said, "[Person's name] is given care which she needs due to the staff knowing what to do."

We spoke with one staff member about their experience when they first started working at the home. To help them to get to know people who they supported they worked with other staff as part of their induction programme. All staff spoken with felt supported in their roles by the management team and their colleagues. Staff told us they had one to one meetings which gave them the opportunity to discuss any concerns or issues they had, training they needed and to gain feedback about their own performance. The registered manager confirmed what staff had told us. The registered manager also told us they worked alongside staff at times which gave them an insight into whether staff practices were of a good standard.

Staff had received training which was relevant to their roles and this was kept updated. Staff told us they had received a range of training which included dementia awareness and in using specialist equipment to meet people's physical needs. We also saw staff had completed varying levels of recognised qualifications in health and social care so staff were trained to a level to meet people's current and changing needs. We saw examples of how staff put their training into practice when they were supporting people. We saw staff used their training to support people appropriately throughout the day of our inspection. Staff were able to tell us how they supported people at risk of falling or developing sore skin and we saw they attended to people on a regular basis to provide pressure care relief. We also saw staff used specialist equipment safely when they assisted people to move. A relative said, "They looked after [person's name] when they were poorly and they helped with their mobility."

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 interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw staff incorporated the principles of the MCA by seeking people's consent before they assisted them with their care needs. A person told us, "They always ask before they help me with anything." We saw staff respected people's choices about where they sat in the lounge, what time they got up in the morning and what they ate. One person we met confirmed they had chosen the time of getting up and received her preferred breakfast when they wanted this. A staff member told us, "I always offer choice, and the information people need to make a choice." We saw this happened as people chose where they wanted to have their lunch which staff fully respected. We saw where people had made arrangements to protect their

choices such as Do Not Attempt Resuscitation [DNAR] this was documented in the person's care records so staff knew what action to take or who to contact about decisions.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with knew how to put their training around the MCA and DoLS into practice. Staff told us that people's capacity to make their own decisions was assessed when a person needed support with their decision and we saw this was the case. Where people were unable to make choices, decisions were made in their best interests. This included involving relatives and other representatives to help people make decisions which were right for them. A relative we spoke with confirmed they were involved when specific decisions needed to be made.

At the time of our inspection a DoLS authorisation had been obtained for one person who lived at the home to ensure that they could continue to receive the care and support they needed and their rights were protected.

People spoken with told us they enjoyed the food. A person told us, "It tastes very nice." Another person said when asked what lunch today knew it was fish and chips. We saw people's lunchtime meal was a positive experience as they shared conversations with staff members who sat with people and had their lunch. In the dining room we saw tables were nicely laid with cutlery and napkins. People were served their meals in a timely way by staff who provided support so people had sufficient support to eat well. People's needs had been considered as to whether they were at risk of not eating or drinking sufficiently. Staff told us and the records confirmed that when needed staff had sought the advice of the doctor, dieticians and speech and language therapists. Where people required their drinks to be thickened we saw staff considered each person's needs to make sure their drinks were at the right consistency to help people who had swallowing difficulties. Staff and the cook were also aware of which people required a diabetic diet. We saw their diets were catered for together with people's particular tastes.

People were supported to stay healthy and well. One person said, "They (staff) will call a doctor if I need one." Another person told us the doctor visited the home regularly and staff would arrange for them to see the doctor if they wanted to. In people's care records we saw their health care needs were monitored and supported through the involvement of a range of professionals including doctors and district nurses. We spoke with a visiting health professional who told us they could rely on staff to follow advice to support people's healthcare needs so these were met. Staff were aware of people's health conditions and how to support them. A staff member said, "We contact the doctor when people are unwell so they receive the treatment and care they need." We saw the doctor had been alerted when people had infections. A relative told us, "They know when [person's name] has an infection, they know the signs to look for and will call the doctor and tell me."

Is the service caring?

Our findings

People told us staff were caring and they were happy living at the home. One person told us, "They're (staff) quite attentive." Another person said, "I like them (staff) all, they are kind." People who lived at the home and their relatives told us visitors were made welcome. One relative told us, "The staff are very friendly and I can visit whenever I like." Another relative said, "They're (staff) very caring and they have patience." We saw positive conversations between staff and people who lived at the home and saw people were relaxed with staff and confident to approach them for support.

People were treated with kindness and respect. We saw that staff knew how to support people with their changing needs across the day and staff showed they cared. For example, staff chatted with people at lunchtime and listened to things which were important to them. A staff member told us, "We (the staff) get to know people by speaking with them, understanding what is important to people and what they like and don't like." Another staff member said, "I enjoy working here, we are like a family." This was also echoed by a relative who said, "They (staff) treat them like family." During our inspection we saw examples where the management team and staff centred the care around people as individuals. A relative told us how their family member was supported by staff to have their souvenirs and things they cherished brought in to the home to make their room feel more like home.

Staff knew people well and understood and had learnt their likes and dislikes. For example, one person liked to sit by the window and watch the wildlife. Another person was enjoying a conversation they had with staff about their working life as staff helped them in reminiscing about what they used to do.

Staff had the knowledge to meet people's needs whilst ensuring people had every opportunity to remain as independent as possible. One person told us, "I do something's by myself." We saw two staff members supported someone to stand. They made sure the person understood what was about to happen. They gave the person gentle support, and encouraged them to do as much as possible without assistance. This was also the case at meal times as people's independence was promoted by staff making sure people had the right cutlery and crockery to aid and meet their individual needs.

There were some features that enabled people to independently move around the home. Clear signage was evident to help people locate the toilets and their rooms which supported people to recognise distinct areas of the home. We saw some people moved around the home independently, a person said, "I know where my room is." People told us they were happy with the way staff helped them. One person said, "They will help me with some things I can't do but I'm quite independent."

We saw there were some arrangements in place for people to be involved in making decisions. If people needed an advocate staff had access to information about this resource to support people in their lives and speak up on their behalf when this was required.

People told us staff respected their privacy and they were never made to feel uncomfortable or embarrassed when assisted with personal care. We saw staff discreetly assisted people with their toileting needs and

closed doors to ensure people's privacy was protected. One person told us, "Staff always knock my door and don't come in until I answer." We saw and heard staff do this and they were polite to people and used people's preferred names when speaking with them. We also saw people had locks fitted to their rooms, to further protect their privacy. A relative told us their family member had their own key and carried this with them.

Is the service responsive?

Our findings

People told us staff met their needs in the way they wanted them to and at a time they needed support. One person told us, "I am very happy with the care." Another person said, "Staff know about me and help me when I need it which is all that matters to me." A relative told us, "[person's name] gets all the support she needs from the staff who know her very well." A visiting health professional said they had a good relationship with staff and felt staff knew people well. They also felt staff went 'above and beyond' while responding to people's care needs.

All the staff we spoke with had a good understanding of people's preferences, routines and care needs. Staff were able to describe how they supported people and knew changes in behaviours may indicate that something was wrong. Staff told us people's choices and routines were written down in their care plans together with people's life histories. We saw examples of how staff responded to meet people's preferences as assessed and planned for. For example, one person liked to listen to a certain radio and we saw this was being played for this person. One person told us they liked to spend time in the conservatory but at meal time they liked to eat their meal in the dining room but needed staff to assist them. We saw staff helped this person just before lunch to the dining room.

Staff we spoke with described how people received care personalised to them. One staff member said, "I always ask people what they want." Another staff member said they had handovers which gave them information about people's current needs together with any changes to people's needs. They told us this was important as a lot can happen between each shift changing. We saw staff had handovers that took place at the end of each shift and staff told us they were able to refer to the notes during the shift.

We saw people and their relatives were involved in attending review meetings and had been kept fully informed of any changes to people's needs. One relative told us, "If anything changes or is needed they let us know." People told us they would be able to speak with staff and the management team about their needs and how these were responded to at any time. For example, a relative told us, "Biggest worry was the stairs and [person's name] getting out of bed but they (staff) put a mat in place so staff are alerted for her safety. They (staff) even bring her a drink at night if she gets up. It's the little things they (staff) do that mean a lot."

The management team told us staff supported people in maintaining their hobbies and interests, For example, one person who lived at the home told us they went for walks and liked to go to the library. On the afternoon of our inspection they returned from a walk and said they had enjoyed this. Another person said the registered manager had dressed up the evening before our inspection to serve them drinks which they told us made them smile. Another person liked to read their newspaper in the afternoon and we saw they did this. A visitor spent time with people speaking with them about their day and life in general. We saw people enjoyed this and became more animated as they happily chatted with this visitor. A relative said their family member had enjoyed helping with the flower pots in the garden and they also liked to walk in the garden. Although we heard examples where people were supported with things they liked to do for fun and interest during the morning of our inspection there were not many opportunities created by staff to

encourage and support people with things to do. For example, one person helped with preparing vegetables for lunch. They told us, "I like doing this", some people had visitors and the television was on in the lounge for people to watch. However, there were missed opportunities where staff could have encouraged more people with activities. One person told us, "I like it when they have the open day, I like seeing the children." Another person said, "I would like to socialise and get out a bit it would break up the day." We looked at people's daily records which indicated people did not have access to consistent stimulation through provision of suitable activities to meet their particular interests. We discussed this issue with the management team who told us this was an area which they had already identified as one that needed to be addressed. We also spoke with the registered provider who said they would be working with the management team to further improve the range of activities available on a consistent basis. This included making sure there were sufficient staff levels in the morning period to enable regular recreational activities to take place.

People and relatives who we spoke with told us that they would raise any concerns or complaints' that they had with the staff and management, if they needed to. They told us that they would feel comfortable in doing this. We looked at the complaints procedure which showed how people would make a complaint and what would be done to resolve it. When complaints were raised with the registered manager they had taken action to resolve these and ensured any learning from these was shared with their staff team to ensure improvements were made. We also saw meetings were held with people at the home where they were informed and consulted about some aspects of the running of the home. For example, we saw that people had the opportunity to give their views about the standards of meals at the home and where improvements could be made.

Is the service well-led?

Our findings

People spoken with and their relatives were happy with the quality of care they received and had confidence in the registered manager. They told us the registered manager and staff were approachable and available if they needed to speak with them. One person told us, "The manager is lovely and I can ask her anything." Another person said, "You can ask anything they do their best you don't feel a stranger." Relatives were equally positive about the management of the home. One commented, "If I had to come in home I would come here." We also noted people had made compliments about the standard of care at the home. For example one person wrote, 'Many thanks for the kindness and love and support you gave.'

The registered manager was fully supported by the deputy manager and during our inspection the registered provider was conducting one of their regular visits to the home. He told us of his strong commitment to the home and the people who lived there. For example, he was responsive when we spoke with him about improving and extending people's opportunities to have fun and interesting things to do. We saw the registered provider took time to speak with staff and people who lived at the home and was clearly well known to many.

We found that there was a positive culture which was inclusive and supportive to both people and staff which enabled them to provide their feedback and suggestions about the service. For example, relatives had spoken about a path being constructed in the garden to enable people to safely walk around the very large garden area. The registered provider and registered manager acknowledged this and told us action would be taken to make this improvement for people who lived at the home.

The registered manager had good knowledge of her staff team's abilities and people's individual care needs and preferences. This was because they worked alongside staff and was supportive to both people who lived at the home and staff. This helped her to oversee the service provided to people was effective and leadership was provided to staff. We saw there were clear management arrangements so staff knew who to speak with if they had any issues or concerns.

Staff members we spoke with liked working at the home and were motivated to provide a good standard of care to people. We saw many examples where staff worked as a team and communicated with each other and understood their roles and responsibilities. For example, we spoke with the cook who had a sense of how they could contribute to the overall care people received. They spoke to us about how they were keen to hear people's views about the standard of meals and whether people had suggestions about any different meals they would like. They also said jugs of drinks had been provided in the lounge area but this had not worked due to people's varying abilities but showed they were responsive in considering other ways of providing people with independent access to drinks.

Staff had opportunities to contribute to the running of the service through regular staff meetings and supervisions. We noted the management team discussed their expectations of staff during meetings and how improvements could be made to the quality of the care people received. Staff spoke positively about the leadership of the home. One staff member told us, "I love my job" Another staff member said, "We [the

staff] all work well together." They told us there was a culture of openness and suggestions and concerns raised by staff were taken seriously and acted upon. Staff were also aware of the provider's whistle blowing procedures which they told us they would not hesitate to use if they felt their concerns were not addressed by the management team.

The registered manager maintained records of any incidents or events which had happened and these had been notified to us and other agencies such as the local authority as required. The registered manager showed they had considered each issue carefully and changes were made to practices and procedures where necessary.

Support was available to the registered manager to develop and drive improvement and a system of internal auditing of the quality of the service being provided was in place. We saw help and assistance was available from the deputy manager to monitor, check and review the service and ensure good standards of care and support were being delivered. These included checks of medicines management, infection control and health and safety. Where concerns were identified, action was taken to improve quality. For example, where a staff members practices fell below the required standards action was taken to make sure this had been addressed. We also saw where flooring needed to be repaired or replaced this was done to maintain the home environment for the benefit of people who lived there. The registered provider frequently visited the home and they would provide their thoughts about the standards of care. The registered manager worked to an on-going action plan to continually improve the quality of the service people received.