

# Quality Homes (Midlands) Limited

## Leighswood

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

What life is like for people using this service:

Risks to people were not always managed consistently to ensure people's safety. Staff had not always been recruited safely and some errors in the recording of medication was found. There were enough staff available to support people and there were effective infection control systems in place.

The registered manager had not consistently followed guidance in relation to Mental Capacity Act where people may require depriving of their liberty. Staff knowledge of Deprivation of Liberty safeguards varied. People were supported by staff who had received training in their role. People had access to sufficient amounts to eat and drink and were seen by healthcare services where needed.

People were supported by staff who were kind and caring to them. People were treated with dignity and their independence was encouraged. People were supported to be involved in decisions regarding their care.

People were supported in ways that met their needs and their individual preferences. There was a complaints system in place that ensured complaints were investigated and resolved. People's end of life wishes were discussed and recorded.

There were systems in place to monitor the quality of the service but these were not always effective. People had not been asked to provide feedback on their experience of the service. The registered manager had plans in place to improve the quality of the service.

Rating at last inspection: Requires Improvement (08 March 2018)

About the service: Leighswood is a residential care home that is registered to provide support to up to 23 people. At the time of the inspection, the provider was providing personal care to 17 people aged 65 and over.

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

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

We always ask the following five questions of services.

### Is the service safe?

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

**Requires Improvement** ●

### Is the service effective?

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

**Requires Improvement** ●

### Is the service caring?

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

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our Responsive findings below.

**Good** ●

### 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 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: The inspection was carried out by one inspector.

Service and service type: Leighswood 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: The inspection was unannounced.

#### What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in the Provider Information Return. This is 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 also contacted the local authority to gather their feedback about the service.

We spoke with five people who lived at the home. As some people were unable to share their views with us, we completed the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care for people who are unable to speak with us. We also spoke with three members of care staff, the cook and the registered manager. We looked at the care records for three people as well as medication records, staff recruitment records and systems to monitor the quality of the service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At the last inspection we raised concerns that staff did not always know what action they should take in an emergency such as fire. At this inspection, we found that staff still did not always know what to do in an emergency. Staff we spoke with could not explain the actions they would take in the event of fire, and the actions some staff reported they would take could leave people unsafe.
- Risks to people were not always managed consistently as staff did not always follow the risk assessment. For example, where one person displayed behaviours that could challenge, the way that staff would support the person to minimise risk varied. Whilst some staff supported the person in line with what was detailed within the person's risk assessment, other staff explained different approaches. This meant that risks to people were managed inconsistently as not all staff were following the guidance within the person's care records.
- For one other person, we found that to minimise the risk of poor health, they needed support to have a specific amount of fluids per day. This was recorded within the care record. However, we found that staff were not monitoring the amount of fluids the person had. This meant the provider would be unable to ensure that the person had enough fluids to reduce the risks to them. The registered manager informed us that a fluid monitoring chart would be implemented if staff reported the person had not been drinking much, but had no ongoing system to ensure the person had the amount of fluid they required to keep them safe. Although the person did not show any signs of dehydration and records showed they had not been unwell, the lack of monitoring of this health risk meant the registered manager may not be alerted to signs of ill health.

Staffing levels

- We saw that staff had to complete checks prior to commencing employment to ensure they were safe to work with vulnerable adults. These checks included providing references and completing a check with the Disclosure and Barring Service (DBS). The DBS would show if a staff member had a criminal conviction or had been barred from working with adults. We saw that where the DBS check had identified that a staff member had a criminal conviction, the provider had not completed a risk assessment to ensure that people would be safe.
- People told us that there were enough staff to support them safely. One person told us, "There is enough staff and they are here if I need them". Staff we spoke with also felt there were enough staff to support people and felt that staffing levels had improved since the registered manager came into post. We saw that there were sufficient numbers of staff available for people and that staff had a visible presence around the home.

### Using medicines safely

- We checked to see if medication had been given as prescribed and found that some medication had not been accurately recorded when given. We found that there was less medication available than the records indicated there should be. This meant we could not be sure that medication had been given as prescribed.
- We observed staff supporting people with their medication and found that this was done in a safe way. The staff member informed the person it was time for their medication, told them what medication it was and then stayed with them while they took this.
- We saw that medication had been stored safely. Medication was locked securely and the room and fridge temperatures were checked daily to ensure medication was kept at a safe temperature.

### Systems and processes

- People told us they felt safe at the service and staff displayed a good understanding of how to report any concerns they had about people. For example, all staff told us they knew that they should report concerns to the registered manager and who they could escalate concerns too if they remained concerned.
- We found that the registered manager had taken appropriate action where concerns about safety had been raised.

### Preventing and controlling infection

- There were effective infection control practices in place. The provider had recruited staff to ensure the cleanliness of the home and we saw this was effective. The home appeared clean, tidy and odourless.
- We saw staff ensured that infection control policies were followed and used personal protective equipment appropriately.

### Learning lessons when things go wrong

- The registered manager had demonstrated that they learn lessons and make changes to the service when things go wrong. We saw examples of safety incidents in which the registered manager had taken action to ensure the safety of people and reduce risks to people in future.

## Is the service effective?

### Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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).
- Not all staff spoken to recalled having received training in MCA. However all staff understood the importance of seeking consent when supporting people. One member of staff told us, "I would never force anything. If someone doesn't want to do something, I wouldn't force".
- We found that one application for DoLS had been made. We could not find that a Mental Capacity assessment had been completed for this person or that the Best Interests process had been followed to identify if a DoLS was the appropriate form of action. We raised this with the registered manager who informed us that they had not completed these and had applied for the DoLS when the person moved in as they had asked to leave. This meant that the registered manager had not followed the appropriate procedures in relation to DoLS. Following the inspection, the registered manager informed us that the application to deprive the person of their liberty had been withdrawn.
- Staff we spoke with did not consistently understand what DoLS were and who within the home had or required a DoLS authorisation. Without this knowledge, the registered manager could not ensure people were supported appropriately. Although we did not see any person being unlawfully restricted, there is a risk that without the understanding of who requires a DoLS and why, people's rights may not be upheld.

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

- People's needs were assessed prior to them moving into the home. People's care needs were then reviewed monthly.
- We found that protected characteristics under the Equality Act had been considered when planning people's care. People had been asked about their individual needs in relation to their sexuality and any religious or cultural needs they may have.

Staff skills, knowledge and experience

- The service had recently recruited new care staff. We found that the new staff had completed an induction that included completing training and shadowing a more experienced member of staff. Staff had also been

enrolled on the Care Certificate. The Care certificate is an identified set of standards that care workers must adhere too.

- Records we looked at showed that staff had received training relevant to their role. However, the records did show that not all staff had completed the training required of them. The registered manager told us that this was a recording error and that this training had been provided but was unable to locate the certificates to evidence this. Staff we spoke with did confirm that they had received training and felt that they could request additional training if they wanted this.

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

- People gave mixed feedback about the food and drink they were provided with. One person told us, "There isn't much to eat and I don't get a choice" whilst others were more positive. One person said, "The food is smashing, I get a choice and if I don't like it, I can get something else".
- We saw that people were given choices at mealtimes. Where people required additional support to eat, this was provided. For example, we saw people using equipment such as plate guards.
- People's dietary needs were met. We spoke with kitchen staff who had information available to them about people's specific dietary requirements and we saw that these had been met.

Staff providing consistent, effective, timely care

- People told us they had access to healthcare services when they required this. One person told us, "They [Staff] do get the doctor out if I need him".
- We saw that people had been visited by their GP as well as district nurses where needed. We found that people had access to regular health checks with their GP and had attended appointments with other professionals including opticians.

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

- The home's design and décor met people's needs. People's rooms were spacious and people had been able to decorate these with their own items.
- The registered manager was in the process of redecorating parts of the service to make these more accessible for people with Dementia. The registered manager had arranged for doors to be painted in contrasting colours and was preparing her own pictorial signs to help people move around independently.



# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported

- People told us that staff were kind to them. One person told us, "They [staff] are nice to me".
- We found that staff had developed friendly and caring relationships with people. Staff were seen chatting to people throughout the day and people responded positively to this; often laughing along with staff and holding their hand.
- Where people had become confused or distressed, staff responded to this in a caring way. Staff took time to speak with the person, reassure them and offer them choices to relieve their anxiety. This had a positive effect on the person, who visibly relaxed once speaking with staff.

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

- People gave us mixed feedback when asked about whether they were involved in decisions about their care. Some people felt involved in decisions while others did not. However, our observations showed that people were given choices throughout the day. For example, people were asked where they would like to sit, what they would like to drink and what they would like to do.
- Staff we spoke with understood the importance of involving people in their care. One staff member explained how they never chose people's clothing for them and always laid out clothing options to allow people to choose their own clothing each day.
- No one at the service was using advocacy services. However the registered manager was aware of when advocates may be required and how these could be accessed for people.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We saw that where people wished to spend time alone within their bedroom, staff supported this. We observed staff knocking on people's doors and waiting for permission before entering. Staff we spoke with gave examples of how they respected people's dignity that included, covering people up when supporting with personal care and referring to people by their chosen name.
- People's independence was encouraged. We saw that where able, people were supported to walk independently. Staff supporting people with this were patient, and spoke reassuringly to people to motivate them to continue the task independently. One person told us how they liked to make their own bed and were encouraged to do this. They spoke proudly of how they did their bed and shared their pride in this with other people during conversations.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

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

### Personalised care

- People's care records showed that their individual needs and preferences with regards to their care had been considered. We saw that records held information about people's hobbies and past history. For example, there were details in people's records about their past careers and how this impacted on the care they received. People's care records also held personalised information about the person including any religious needs they have and how these should be met.
- Staff knew people well. Staff had supported people to wear items of jewellery that had sentimental value to them as well as support them with personal care to look how the person wished. For example, we heard one person tell staff they were upset as their nail varnish had chipped. Staff responded to this and supported them to redo their nails.
- People gave mixed feedback about the activities available to them. Some people told us they wished they could go out more. We raised this with the registered manager who was aware of this feedback and had been working to book more day trips. We saw that people had recently visited the cinema to view a Christmas film and that a trip to the local museum was in its planning stage. We saw that some activities took place throughout the day including a sing-a-long. When activities were not planned, we saw that staff spent time sitting and talking with people, watching television with them and listening to music.

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

- People told us they knew how to complain if they needed too and felt confident in doing this. We saw that information about how to complain was displayed within communal areas of the home.
- Where complaints had been made, we found that these had been investigated appropriately. The registered manager had looked into each complaint and taken action to resolve this with the complainant.

### End of life care and support

- We saw that people had been asked about their wishes at the end of their life. This included where they would like to be cared for and who they would like to be involved in their end of life care planning.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

The registered manager had come into post during a period where the service had been placed in special measures as a result of significant concerns about the service. Following the registered manager's recruitment, the service had demonstrated improvements that led to the removal of special measures. The registered manager told us they had been working primarily with the care staff to improve the quality of the care people received. They were satisfied that they had now actioned this and were now focussing on the governance of the service and ensuring this is up to standard. However, at this inspection, we found that there continues to be areas of concern around the provider's oversight of the service and the effectiveness of governance systems in place to ensure safe, high quality care.

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

- There were systems in place to monitor the quality of the service. The registered manager completed monthly audits in areas including medication and accidents and incidents. The area manager also completed an additional monthly audit in which they visited the home and looked at areas such as the environment and care plans.
- The systems in place had been ineffective in driving improvement at the service. Where areas for improvement were identified, these were not always actioned in a timely way. For example, the servicing of the lift had identified areas that required repair or upgrading to ensure the lift's safety. This had been identified on four lift services, dating from January 2018. These upgrades had not been actioned and remained outstanding. We raised this with the registered manager who confirmed that the areas requiring upgrade did not impact on the lift being used. However, the required repairs had still not been actioned by the provider. Further, although medication errors had been identified in previous audits and the registered manager had taken action by speaking with staff, this had not ensured that medication practices were improved and we found further medication errors at this inspection.
- The audits completed also did not always identify where improvement was required. For example, the care plan audits had not identified the inaccurate information held about people. We found that one person required support with their mobility. However, the care records gave differing accounts of the support the person needed. In some parts of the records, the person was reported to need the support of two staff and the use of a wheelchair and in other parts, the records state the person was able to walk. This meant that there was a risk that the person would be supported in a way that did not meet their needs as the information recorded was inaccurate. This had not been identified through the provider's auditing systems.
- The provider's systems for auditing had not picked up on the areas for improvement found at this inspection. The provider had not identified that recruitment processes had not been consistently followed

or the MCA/DoLS systems had not been adequately recorded to evidence that people did not have capacity to make a decision.

Engaging and involving people using the service, the public and staff

- The registered manager confirmed that they had not sought feedback from people or their relatives about their experience of the service. The registered manager told us that this was due to people living at the service not being able to share their views but had not considered alternative ways of gathering feedback. This meant that people were not given opportunity to provide feedback on their care or engage with the provider in making improvements where identified.

This is a breach of Regulation 17 of the Health and Social Care 2008 (Regulated activities) Regulations 2014.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager had been in their role since 2017. They were aware of the provider's inspection history and the areas where regulations had not been met. The registered manager had been working to improve the quality of the service. This had included recruiting new staff who shared their vision to provide person centred, high quality care. This work was ongoing at the time of the inspection and the registered manager had systems they wished to implement to ensure learning from previous issues.
- People spoke positively about the management of the service. The registered manager had a visible presence around the home and people knew her well and looked happy in her company.
- Staff also spoke positively about the registered manager and felt supported by her. Staff were confident that if they had concerns, these would be listened to and acted upon by the registered manager. The Registered manager was aware of the regulatory requirements of their role. They had submitted notifications to us appropriately and completed their Provider Information Return when required. The registered manager had met the requirement to display their most recent rating on their website and within the home.

Continuous learning and improving care

- One of the areas the registered manager had identified as requiring improvement was in the care records. The registered manager had a plan in place to improve people's care records and increase the person centred information contained in these. The registered manager had begun this work with a view to improving the care people received. This demonstrated that the registered manager was actively seeking ways to improve the service where possible.

Working in partnership with others

- The registered manager had been working with external agencies to improve the quality of care people received. For example, they had been working with a local dementia group to improve their Dementia care. This had included loaning equipment such as reminiscence pods including a pub, a shop and a cinema to carry out reminiscence activities with people. The registered manager had also sourced additional Dementia training through this group. This included training that focussed on sensory based activities to engage people with Dementia who may not respond to more traditional activities.