

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?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This service was placed in Special Measures following our inspection in January 2017. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. Following our next comprehensive inspection in July 2017 the overall rating for this service remained 'Inadequate' which meant the service remained in Special Measures. During this inspection, the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

This inspection took place on 23, 24 January, and 07 February 2018 and was unannounced. Leighswood provides accommodation for up to 23 people who require personal care. At the time of our inspection there were 14 people living there.

Leighswood is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Leighswood accommodates up to 23 people in one adapted building.

Following our Inspection in January 2017 the registered manager left the service. At the time of this inspection, the provider had appointed a new manager who had not at the time registered with CQC. At this inspection the manager had registered with the Care Quality Commission. 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 who lived in the service were now safe and their relatives confirmed they thought this was the case. Improvements were required in the fire procedures and monitoring of equipment in the home. The recruitment system operated by the provider meant that new staff employed were suitable to work with people in Leighswood. Staff were knowledgeable about people's risks and we saw staff knew how to support them to minimize the risk, but this was not always in line with their risk assessments. Improvements in the system meant that people now got their medicines as prescribed and when needed. People and their relatives told us, and we saw, there were enough staff to support people to meet their needs. People lived in a clean environment.

People's needs were assessed when they came to live at Leighswood. People and their relatives told us they were happy with the care they received. Staff told us and we saw they received training and support from the registered manager to provide effective care for people. People told us they had choices and enjoyed the food. We saw staff offered people hot and cold drinks throughout the day. The cook was knowledgeable about people's nutritional needs, which meant special diets were catered for. Health professionals when

required met people's health needs. Staff supported people to have maximum choice and control of their lives in the least restrictive way possible; the policies and systems in the service support this practice.

People told us the staff at Leighswood were kind and caring. We saw staff treated people with kindness and compassion. We saw staff respected people's privacy and dignity. Staff understood the importance of maintaining people's independence where possible. We saw positive relationships had developed between staff and people and people were encouraged to maintain relationships that were important to them.

There was now a complaints system in place should people or their relatives wish to complain. Where complaints had been received, they had been investigated and responses sent in line with their complaints procedure. People told us they were bored and there was not a lot to do. We saw activities were not designed around people's individual needs. People told us and we saw they had choices about their daily care needs and staff respected their routines which meant people had the care they required in line with their individual preferences. There was a system in place should people reach the end of their lives.

Although there had been significant improvements in the care people received, the governance system operated by the provider still required some improvements to be made to ensure people got safe and responsive care. People and their relatives told us the home was managed well and improvements had been made. Staff were happy working at Leighswood because the registered manager supported them. This meant people were happier living in Leighswood because there was a much improved ambience.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Although staff were knowledgeable about the risks to people, they did not always follow the risk assessments in place. The safety of equipment was not always checked and fire systems in the home needed to be reviewed. People got their medicines as prescribed. People were protected by the risk of potential abuse because staff understood how to recognise signs of potential abuse. There were sufficient staff to support people. Staff were recruited safely. The environment was clean.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed when they came to live at Leighswood. People were supported by staff who had been trained to meet their needs. People's nutritional needs were being met. People were supported to maintain their health by other professionals when required. People were encouraged to make decisions about their care. The principles of the Mental Capacity Act were followed by staff.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and considerate staff. Staff respected people's privacy and dignity. Where appropriate staff encouraged people to maintain their independence.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Improvements were required to ensure people had access to activities which met their individual preferences. There was a complaints system in place should people wish to comment about the care they received. People were supported to have care which meant they had choices about their daily care needs and staff respected their individual preferences.

Is the service well-led?

The service was not always well led.

Although improvements had been made to the care people received further improvements were still required in the governance system operated by the provider. People were involved in the running of the service although this had not led to improvements for the people living there. The registered manager supported staff. The culture of the home was positive and people were happier living there.

Requires Improvement 

Leighswood

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 23 and 24 January 2018 and was unannounced.

The team consisted of two inspectors, one of which was a pharmacy inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case, their area of expertise was caring for older people.

As part of the inspection, we reviewed the information we held about the service, including statutory notifications. A statutory notification is information about events that by law the registered person should tell us about. We asked for feedback from the Commissioners of people's care to find out their views on the quality of the service. We also contacted the local authority safeguarding team for information they held about the service. We used this information to help us plan our inspection.

We spoke with three people who used the service and four relatives. We spoke with the provider's representative, the registered manager, six members of staff and two visiting professionals. We carried out observations throughout the day to help us understand the experiences of the people who lived there. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at care records for two people and medicine records for ten people. We looked at other records relating to the management of the home. These included staff files, accident reports, complaint logs and audits carried out by the manager.

Is the service safe?

Our findings

At our inspection in July 2017, we found the service was not safe and we rated the provider as 'Inadequate' in this key question. We found staff did not safely manage risks to people's health and safety. This was because people did not always get their medicines as prescribed to them by their doctor or when needed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found at the inspection in July 2017, that the provider was in breach of Regulation 19 of the above act. This was because the recruitment system operated by the provider was not safe. At this inspection, we found the provider had made improvements in both these areas and they were now meeting the requirements of the law. However, in other areas we found improvements were still needed.

At our last inspection, we found where people had risks to their health and safety we found the provider had not ensured risk assessments were in place for staff to follow. At this inspection, we found improvements had been made which meant risk assessments were in place; however, we found staff did not always follow them. Although we saw people were moved safely throughout our inspection; we saw two members of staff moving one person from a sitting position to a standing position. We looked at the person's risk assessment, which stated that two members of staff should use a particular piece of equipment to ensure their safety when moving them. We asked staff if this equipment was available to them to move this person. Staff told us it was, but they never used it. The registered manager was aware of how staff moved this person and that this was not in line with the person's risk assessment. The registered manager told us, although staff were moving the person safely using an equivalent manoeuvre, they would update their risk assessment to reflect how staff were moving them.

In other aspects, staff were knowledgeable about how to manage people's risks. For example, one member of staff told us how they had to move one person regularly to ensure their skin remained healthy and how they had to weigh one person more regularly than others to ensure they were gaining weight.

We looked at the equipment used to ensure people's weights were accurate. The registered manager was unable to demonstrate the provider had checked and maintained the scales to ensure they were accurate. On the second day of our inspection, the provider had the scales checked by an engineer to ensure their accuracy. We found that the system required improvements to ensure the equipment was maintained to ensure people always received safe care.

We looked at fire procedures in the home to ensure people were safe in case of a fire. Two staff we spoke to told us they did not know what to do in the event of a fire. We spoke to the registered manager about this who said they would address this with further training however, they were confident staff would know what to do and should they require any guidance it was clearly visible in the reception area of the home. We found staff carried out some regular fire checks and water safety checks to ensure people were protected from harm. However, we also found some regular checks had not been completed with regards to emergency lighting. We found the last six-monthly check had been completed in May 2016 and two lights had failed the tests. There was no action plan to repair the lights and on the day of our inspection, the registered manager did not have evidence to demonstrate that an engineer had complete annual checks. This was forwarded to

us following our inspection. The engineer's test was completed in February 2017, and showed all the lights were in working order. We saw regular checks documented on electrical equipment used in the home to ensure it was safe for people and staff to use. Records we saw demonstrated people had personal evacuation plans should they need to leave in the event of a fire. However, we saw that staff had not dated or reviewed the evacuation plans. We found improvements were required in the system used to monitor fire procedures and fire safety in the home.

People did not tell us if they got their medicines when they needed them. However, we saw improved practices at Leighswood meant that people got their medicines as prescribed. We reviewed the medicines administration record (MAR) charts for ten people, saw the MAR charts were accurate, and were able to demonstrate people were receiving their medicines at the times they needed them.

We looked at the records for people who had been prescribed a medicine that was to be used only when they needed it to relieve their anxiety and or agitation. We saw there was detailed information available to staff on when to administer these when required medicines. We spoke with staff and found they were aware of how these conditions were to be managed using these when required medicines.

Medicines were being stored securely and at the correct temperature. For example, we found the provider was measuring and recording the maximum and minimum temperatures of the refrigerator to ensure the temperature was being maintained correctly even though there were no medicines being stored in the refrigerator. The registered manager told us that the routine of measuring the refrigerator temperatures on a daily basis was continuing because if a new medicine arrived it would be immediately stored correctly and its effectiveness would not be compromised.

We observed good administration practices being carried out when medicines were administered to people during the day. We were pleased to see that the administration of the morning medicines was being managed more flexibly and took into account when people got out of bed in the morning.

We looked at four staff files and spoke to staff about how they were recruited to check if the recruitment system operated by the provider was now safe. One member of staff told us, "I couldn't start work with the residents until my DBS (legal checks) came through". We saw in all four files the provider had requested references from previous employers and had requested documents from the new member of staff to evidence their identity. We saw where there were gaps in their employment records the registered manager had followed this up. We saw disclosure and barring checks (DBS) had been completed and where there were any concerns highlighted the provider had considered their suitability to work with the people in Leighswood. DBS helps employers to make safer recruitment decisions and prevents unsuitable people being recruited. The provider had a safe recruitment system in place that ensured people were safe to work with vulnerable people.

People were protected from potential harm because staff had received training and understood what to do should they suspect any abuse had occurred. One relative commented, "At least I know that they are safe here". One member of staff told us, "It's about safeguarding vulnerable adults, to make sure they are safe and not being abused". Another member of staff explained to us what they would do if they suspected any abuse had occurred. They said, "I would go straight to the manager or I would come to yourselves". They went on to explain they would not hesitate to whistle blow because they had done so before. Staff understood the signs of potential abuse and how and where to report anything of concern. The registered manager understood their responsibilities in reporting any potential abuse to the local safeguarding authority and their legal responsibility to notify ourselves when they suspected any abuse had taken place, which they had. People were protected from harm because staff had the knowledge and skills to protect

people from any potential abuse.

People and their relatives told us there were sufficient numbers of staff to keep them safe. One relative commented, "I feel that they are safe here. I think that there are enough staff on duty". Staff told us they thought there were sufficient staff to meet people's needs. Our observations showed us there were sufficient staff on duty to meet people's needs. We saw when people required support to move safely or needed support with their personal care needs staff were available for them. We saw staff had the time to spend with people during lunchtime and at other times of the day to ensure they were safe. The registered manager told us they calculated staffing levels using a tool and staffing levels would be reviewed when people's needs changed or more people moved into Leighswood. The provider had ensured there were sufficient staff to meet the needs of the people living at Leighswood.

At our inspection in January 2017, we found the environment to be dirty and furniture items such as dining tables were not clean. At the inspection in July 2017 we found improvements had been made. At this inspection, we found people were protected by the prevention and control of infection because the provider had a system in place that ensured the risks associated with infection were managed. A relative commented, "We have noticed a difference since the last manager left. The home has got cleaner". We spoke with a member of staff who had the responsibility to ensure the environment was clean. They told us their duties included completing daily audits to ensure Leighswood was kept clean and infection free for the people living there. We saw communal areas such as the lounges and bathrooms were kept clean. We saw where infection control audits had been carried out by commissioners of the service the registered manager had acted upon their recommendations to ensure the people at Leighswood were protected from any risks associated with infection spreading. For example, new commodes had been bought following the last commissioner's audit. Other audits we saw confirmed what the member of staff had told us. We saw staff wore protective clothing when handling food. We saw the environment was clean, tidy, and free from trip hazards.

The registered manager had a system in place that monitored when people had accidents and incidents. One relative told us since moving into the home their family member had not sustained any falls, which was an improvement on where they had previously lived. Staff told us they were encouraged to report any concerns to management so as lessons could be learnt when things go wrong. We saw the registered manager kept a log of when people had accidents and where they occurred. Although any patterns which had developed were not noted, the registered manager was aware of the incidences which had occurred and had taken suitable measures at the time to ensure people were safe and no accidents occurred unnecessarily.

Is the service effective?

Our findings

At our last inspection in July 2017, we rated the service as requires improvement in effective. This was due to the home showing some improvements but we needed to be assured the improvements were sustainable. At this inspection, we found the improvements made since our previous inspection had been maintained which meant the people at Leighswood were now in receipt of good effective care.

People's needs were assessed when they first came to live at Leighswood. The registered manager told us they visited people in their previous home and met with any family members or other professionals who are involved with their care. Their needs and desired outcomes were assessed at this point and then re visited once they are settled at Leighswood as their needs may have changed. The registered manager was able to give us an example of a person who had recently moved into Leighswood and their needs were different to those originally assessed. The registered manager told us how they had worked with the social worker and family members to ensure the best outcome for the person. Records we saw for this person confirmed what the registered manager had told us.

People told us they were happy with the care they received. One person said, "They're always OK with me and treat me well". All the relatives we spoke with told us the care their family members received was good and staff were knowledgeable. Staff told us they received training regularly to ensure they had the knowledge and skills to support people with their care. One member of staff told us about the external training they had received and how the registered manager checked with them how they were progressing. Another member of staff told us they had had to shadow more experienced staff until they were confident with their knowledge and skills to provide effective care to the people at Leighswood. Records we saw demonstrated staff had questionnaires to answer as part of their induction, however we saw where staff had provided incorrect answers they had not been addressed. We spoke to the registered manager about this who said they also checked with staff but would ensure the questionnaires were marked in the future. Staff told us they had regular meetings with the registered manager to discuss their performance in the role and any areas where they had concerns and told us they received further guidance if it was necessary. One member of staff commented the support they received from the registered manager had improved their knowledge and skills in their role, which had resulted in people getting better care. People were supported by staff who had the skills and knowledge to provide effective care.

People told us they were happy with the food at Leighswood. One person said, "I like it here. They ask me what I want to eat and today for breakfast, I had my favourite, bacon. Not in bread, just on a plate is how I like it. We can ask for any food and if they've got it, we can have it. We have biscuits, cakes, and ice cream most weeks. We get meal at lunchtime and sandwiches later on". Another person added, "I like it here. The food is good, good choice". Relatives were happy with the food their family members were offered. One relative commented, "My relative has trouble swallowing due to dementia but the home is very aware of this and have changed their diet to full fat milk in everything to help. I am confident that the staff are monitoring my relative's weight and keeping an eye on [name of person] eating". We saw fresh fruit and vegetables being delivered to the home on the day of our inspection. We spoke with the cook who told us how they catered for people with special diets and how they were now adding calories to all foods where possible

which ensured people maintained healthy weights due to their appetite being reduced. We observed lunchtime and saw people were happy and were able to feed themselves however staff were available should they require additional support at any time. We saw people were given the time they required to finish their meals and were not rushed. We saw people were offered a choice of hot and cold drinks with their meal and throughout the day. People were supported to meet their nutritional needs to remain healthy.

When people's health needs changed or they required ongoing support from other healthcare professionals we saw staff had ensured they were available to support them. We saw a nurse visited the home on a daily basis to deliver care to people who had health conditions, which required intervention from a qualified nurse. We spoke with a visiting health professional who told us the staff at Leighswood worked well with them and understood people's health needs. They told us staff requested them to visit at the earliest possible opportunity to prevent deterioration in people's health needs. We spoke with another visiting professional who told us they had worked with the staff at the home about an emergency admission. They told us the staff had been prepared for the person to be admitted. They continued by telling us the staff had also worked well with the local doctor to review the person's medicines so a positive outcome could be achieved for the person. People were supported to get effective care and treatment from other organisations and healthcare professionals when required.

Since our inspection in January 2017, the new registered manager has changed the layout of the building that has enabled people to have better access to the lounges and dining room. People who use special equipment such as wheelchairs now had better access to the dining room as there is more space for them to move about. There are now two lounges where people have the choice of watching the television or listening to the radio. Another small room is now available for people who want to sit quietly or use the room to meet with family members privately. We saw people chose to sit quietly in this room during our inspection. The registered manager told us they had asked people about the colours they preferred to paint the lounge and dining room. We saw the registered manager had consulted with a dementia specialist to look at how the environment could be more dementia friendly. Although there were some items in their report which still needed to be addressed such as some areas requiring the colours to provide a more defined contrast to enable people living with dementia to distinguish different surfaces. The registered manager had begun by adding signage for the lounges and bathrooms in different rooms. We saw improvements had been made to the environment to support people living with dementia. The outside of the building did not lend itself to people being able to access the outdoors. We saw old mattresses left there with no outside areas being accessible to people living in Leighswood. This is an area the provider may wish to look at improving in the future.

Staff understood the need to get the consent of the person before providing any care. One member of staff told us, "I can't make anybody do something they don't want to do". We saw staff enabled people to have choices about their care by seeking their consent before providing any care or any other means of support. For example, we saw staff asked permission from people before giving them protective clothing to cover themselves before lunch.

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. We asked staff about their understanding of the MCA and they told us they had received training to ensure they understood the principals of the legislation. One member of staff told us, "It is about people who lack the capacity to make decisions for themselves. Both staff and the registered manager told us they

had considered people's capacity to make decisions about their care at Leighswood and people were able to make their own decisions. However, we saw one person had a Do Not Resuscitate (DNR) order in place. The registered manager told us the person did not have the capacity to make this decision for themselves. We saw the order had been signed by the doctor and agreed with a family member that this was in the person's best interests. We saw no written evidence of the person's capacity, which the registered manager said they would address. The registered manager and staff were aware of the principals of the legislation and had applied them to the care people at Leighswood received.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLs). The registered manager had recognised the need to apply to the supervisory body to legally deprive a person of their liberty. At the time of our inspection, the registered manager told us they were depriving one person of their liberty and had applied to the authorising body to do so legally, although they had not received the authorisation to do so as yet.

Is the service caring?

Our findings

At our last inspection in July 2017, we rated the service as requires improvement in caring. This was due to the home making improvements but we needed to be assured the improvements were sustainable. At this inspection, we found the improvements made since our previous inspection had been maintained which meant the people at Leighswood were now in receipt of good care.

People and their relatives told us the care they received was good and they staff were kind and compassionate towards them. One person said, "I like living here. The staff are kind to me". Another person said, "The staff look after me very well. They are really kind". All the relatives we spoke with gave us positive comments about how the staff treated their family members. One relative commented, "The staff really care for my relative. My relative is always saying, "Thank god for these girls". Another relative told us, "The carers are the nicest people I have ever encountered; they give more of themselves than people doing a job. I wouldn't want my relative anywhere else in the world". Staff told us the support they had received from the registered manager had enabled them to develop in their role and have more time to spend with people. One member of staff commented, "Everyone is happy in their role which has a knock on effect with the people here. They are happier and not being told to sit down all of the time". We saw numerous examples of how staff treated people with kindness throughout our inspection. For example, we saw one member of staff always spoke to people when passing and asked them how they were, and then stopped to listen to their response. We saw positive relationships had developed between staff and the people they cared for. For example, we saw one member of staff interacted with one person by asking them how their baby was and engaged in conversation about their pretend baby. The person was left feeling happy by the member of staff. We saw the registered manager spent time in the communal areas observing staff and checking on people's well-being. This ensured people were treated with kindness and compassion at Leighswood.

Relatives told us they were always informed about their family members care. One person told us how it was important for them and for their well-being when they moved into Leighswood to have their pet with them. The registered manager had considered this as an important part of their care and had enabled the persons pet to live with them. One relative said, "I get phone calls from the home if there are any problems like water infections".

People were unable to tell us if staff respected their privacy and dignity. Relatives told us staff treated their family members with dignity and respect. Staff understood the importance of treating people with respect and gave us examples of how they ensured they maintained people's dignity. For example, one member of staff told us how they had ensured the bedroom curtains were closed when providing any kind of personal care. Another example was on the first day of our inspection we saw one person chose to remain in their nightclothes during the day. Staff respected their choice whilst ensuring their nightclothes covered them. We saw staff checked on this throughout the day.

We saw people received care from consistent staff who understood their needs. For example, we saw one person who chose to eat their food from a table placed in front of them. Staff responded when this person was not eating and moved the table away from themselves to ensure they had eaten their food and there

was a distraction present to prevent them from feeling anxious.

Staff understood the need to promote the independence of people living with dementia. We saw where people were able, they were supported to make choices about their own care. We saw staff encouraged people to eat lunch themselves if they were able. We saw special equipment was available to support people with their independence when eating. For example, we saw staff encouraged one person to eat their lunch independently by using a guard around their plate to enable them to use their cutlery easier. We saw people were encouraged to maintain relationships that were important to them. We observed relatives were encouraged to visit. One relative told us, "My relative was happy straight away in this home. There is a nice feel to the home and my sibling and I are happy that our relative is here. The staff are always very welcoming to me when I visit my relative". People at Leighswood were supported by staff who promoted their privacy and dignity and encouraged them to remain as independent as possible.

Is the service responsive?

Our findings

At our last inspection in July 2017, we rated the service as requires improvement in responsive. This was due to the provider not having a complaints system in place. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. At this inspection, we found the required improvements had been made and they were now meeting the requirements of the law. However, we found further improvements were still required in order to achieve the rating of good.

Relatives told us they felt comfortable approaching the registered manager or any of the staff should they need to and were aware of the complaints procedure. Since our previous inspection, the provider had introduced a formal complaints system. We saw there was a compliments and complaints box situated in the hallway at Leighswood. We saw the provider had ensured the complaints system was displayed so relatives were aware how to complain and what to expect when they did. We saw there had been one complaint since our last inspection that had been investigated and responded to in line with the provider's policy. There was now an effective system in place should people and their relatives wish to complain about the care they received.

The provider may wish to develop their system to include an easy read version for people who use the service.

We received mixed views from people about how they spent their time. One person said, "My room is alright but I don't get any fresh air. I want some fresh air, we are never taken out. Nothing to do, no activities. I sit in the lounge which has the radio on as I can't stand the TV". Another person told us, "I like watching the TV. We do bingo here sometimes. The Christmas party was nice". Relatives also told us there was not enough for their family members to do. One relative commented, "The home doesn't have any activities, my relative just seems to watch the TV with the radio blaring in the other room. I would like to see them doing more with my relative". During our inspection, we saw people were offered the choice of having their nails painted and on the second day if they wanted to sing on the karaoke. One person chose to do this for a while. However, we saw no other examples of how people's own interests and hobbies featured in the care they received at Leighswood. We spoke to the registered manager about how activities were chosen. They told us they had canvassed people's opinion in meetings and they said they wanted to go out. They told us they were trying to facilitate this for people and had managed to resource a minibus and was trying to get a driver so they could take people out for day trips. They also told us they were improving the garden for people so as they could spend more time outside in the summer. However, improvements were required to ensure people had access to activities that were tailored around people's individual needs.

People told us they had choices regarding their everyday care needs. One person said, "I like it here. I can do what I want". Staff were knowledgeable about people's individual needs and preferences, such as where they liked to sit and what time they usually got up and what clothes they liked to wear. We saw staff offered people choices throughout the day despite staff knowing their preferences. For example, we heard staff say to one person, "Now, where would you like to sit today?" even though the person chose to sit in the same place every day. This meant staff always offered people a choice in their daily living. We saw staff respected

people's choices of when they got up and where they spent their time in Leighswood during the day. We saw people got up at different times and were given the choice to remain in bed if they chose. One person told us, "My room overlooks the front and I can watch the traffic going by on the road". We saw people were encouraged and supported to make decisions about their care when appropriate. For example, we saw one person who was agitated and staff intervened to distract them to prevent further agitation by offering them something to occupy their mind. The person then became less anxious for a while. People and their relatives told us they had been encouraged to bring in personal items to decorate their bedrooms so as they would feel homely and personalised. One person was happy to show us their room and told us how happy they were they had brought their pet in with them, which helped them settle into the home more easily. Records we saw demonstrated that people had individual routines, which confirmed what staff had told us. However, we found people were involved in decisions about the care they received in Leighswood but improvements were required in how they spent their leisure time to meet their own individual preferences.

The registered manager told us no one living at Leighswood at the time of our inspection was being supported at the end of their life. However, one person had been assessed as being end of life but had now improved. The registered manager told us they had an end of care plan they would follow and with the support of the district nurses in the community should they deteriorate and they were able to support someone to have a comfortable, dignified, and pain free death.

Is the service well-led?

Our findings

At our last inspection in July 2017 we rated the service as inadequate in well led. This was because the provider's governance system was not effective at identifying any areas of concern and improving the care people at Leighswood received. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following this inspection, we added conditions to the provider's registration. The conditions told the provider to send us summaries of their quality assurance audits to demonstrate their governance system was now effective at identifying and improving the care people received. At this inspection, we found the governance system operated by the provider had improved which meant they were now meeting the requirements of the law. Because the governance system had improved, we will now remove the conditions of their registration. However, we found there were still areas where the governance system needed to improve further.

We looked at the summaries of the audits the provider had sent to us after our last inspection. We saw some improvements had been made and found there were areas where improvements were still required and were not covered by the current governance system. Despite previous inspections highlighting equipment had not been serviced, we found one piece of equipment being serviced on the second day of our inspection. This was as a result of us asking to see the service on the first day of our inspection. We found the registered manager had not updated their training in order that they could still provide moving and handling training to other staff at Leighswood. The training was updated and the certificate sent to us following our inspection. We saw audits had taken place regarding the environment and highlighted where improvements were still needed. These were highlighted on consecutive audits and no action had been taken to improve the environment. We asked the registered manager if they had an action plan to demonstrate when the improvements were planned. No action plan had been developed. We found improvements were still required in the governance system to ensure the care people received was evaluated and improved.

However, we saw areas of the governance system were now improving the quality of the care people received. For example, we saw people now got their medicines as prescribed. The registered manager had identified that other staff now needed to be trained to complete the audits in their absence to ensure the sustainability and effectiveness of the audits. We saw staff files were now being monitored to ensure staff were recruited safely. We found staff had been trained and put into practice what they had learnt to ensure people were in receipt of safe care. We found staff had the knowledge and skills to treat people with dignity and respect. We found people were now given choices about the care they received and when they made choices, staff respected them.

We saw the registered manager involved people in the service by holding meetings for residents to give their opinions about the care they received. We saw at the last meeting people had told staff they would like to access various activities but particularly to go out on trips. We spoke to the registered manager about this and they told us they were trying to accomplish this but had not succeeded. We saw people made suggestions about activities they would like, but no evidence to suggest this had been incorporated into their care at Leighswood. Improvements were required to ensure the service involved people and listened to

their requests to continually develop and improve the care they received.

People and their relatives told us they were happy with how the staff in Leighswood treated them and they found the leadership was good. One relative told us, "My relative was happy straight away in this home. There is a nice feel to the home". We saw the registered manager spent time with people and staff during the day. We saw people and their relatives were happy and at ease speaking with the registered manager. Staff told us the manager had made improvements in the home and had supported them in their role, which meant staff were a lot happier at work. One member of staff commented, "It's fabulous. [Name of registered manager] has been a godsend. We have more time to spend with people and people are now safer living here". Another member of staff added, "Everybody is happy in their work and now working as a team. People are no longer being told to sit down. [Name of registered manager] is flexible with the shifts and has improved the home no end". We found there was a happy atmosphere in the home and people were happy living there and staff happy working there. Improvements at Leighswood over the last 12 months resulted in families and staff telling us they would now recommend the home to other friends and family. One member of staff told us, "I would totally recommend this place. I would be happy having a member of my family here". We saw the registered manager had engaged with a local organisation to develop links concerning improvement of care for people living with dementia. The registered manager told us this had inspired them to do further research into how staff could be further developed in their role. As a result, they were in the process of resourcing some innovative ways of training staff.

The registered manager told us they kept themselves to date with current guidance and legislation by joining social media groups. They told us, "I am a member of a number of social media groups and forums which allows information and resource sharing these groups include the care home managers network, registered managers forum and an association of care and support workers. these groups are really good for finding new information and ideas and asking question to obtain better knowledge". They continued to tell us this is how they are resourcing new ways of working to improve the care for people at Leighswood. However, they told us financial constraints can slow up the development but staff were working to fund raise in order to develop the activities and other areas such as the garden for people to enjoy.

We saw the staff and registered manager worked with other organisations such as the commissioners of the service from the local authorities. We saw the registered manager had learnt from feedback to implement changes for the benefit of people who use the service. We saw social workers from other authorities were involved in the care of some people and they told us the staff worked well with them and local professionals to improve the standard of care and outcomes for the person they cared for.

Registered providers are legally required to display the ratings awarded by the Care Quality Commission (CQC). The most recent rating was displayed within the home and on the provider's website. Organisations registered with CQC also have a legal responsibility to notify us about certain events and about incidents that had taken place. The provider had ensured that notifications had been submitted to CQC as required by law.