

Angel Care Homes Limited

The Leylands - Residential Care Home

Inspection report

227 Penn Road
Penn
Wolverhampton
West Midlands
WV4 5TX

Tel: 01902340256
Website: www.angelcarehomes.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Leylands - Residential Care Home is a residential care home providing personal and nursing care to 11 people at the time of the inspection, some of whom were living with dementia. The service can support up to 21 people.

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

People were protected from the risks of ill-treatment and abuse as the staff team had been trained to recognise potential signs of abuse and understood what to do if they suspected wrongdoing. The provider had revised their training and embedded the learning by checking staff members understanding.

The provider had assessed the risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm to people. People received their medicines safely and as prescribed. The provider checked staff members competencies to support people with medicines and engaged an external pharmacist to complete checks to ensure good practice.

People were supported by enough staff who were available to assist them in a timely way and who were recruited safely. Staff members followed effective infection prevention and control practices. The provider had systems in place to review and adapt when things went wrong.

The provider had improved their quality monitoring systems. However, they could not evidence consistent good practice over a sustained period of time. We will check this during our next planned inspection. People and staff felt the service was well managed and were given opportunities to share feedback about the service.

The provider had kept the CQC informed about significant events.

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

Rating at last inspection and update

The last rating for this service was inadequate (Published 14 April 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations associated with the key questions safe and well-led.

This service had been in Special Measures since 14 April 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced inspection of this service on 26 January 2021 where breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which we previously rated as inadequate. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Leylands - Residential Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

The Leylands - Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

This inspection was completed by two inspectors.

Service and service type

The Leylands - Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in post who had applied to become the registered manager with the Care Quality Commission. This means they, along with the provider, will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. However, we gave the service notice of the inspection on our arrival in the carpark. This was because we had to gather information on the home's current COVID 19 status and the providers procedures for visiting professionals.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service. Additionally, we spoke with seven staff members including, a housekeeper, two care staff, senior carer, deputy manager, manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spent time in the communal areas with people to help us better understand their experience of care.

We looked at the care and support plans for three people and looked at several documents relating to the monitoring of the location including medicines, health and safety checks. We confirmed the safe recruitment of two staff members.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included a review of the quality monitoring systems developed after our last inspection site visit.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found people were at risk of harm as systems and processes had not been operated effectively to investigate any allegation or evidence of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe living at The Leylands - Residential Care Home. One person said, "I am not afraid to go to the boss if there was something wrong."
- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns. The provider checked staff members understanding of safeguarding by completing quizzes with them to ensure their knowledge had been embedded. One staff member told us if they suspected anything was abusive, they would contact the police or the local authority.
- Information was available to people, staff and visitors on how to report any concerns.
- The provider had made appropriate referrals to the local authority in order to keep people safe.

Assessing risk, safety monitoring and management

At our last inspection we found systems were not robust enough to ensure people received consistently safe care. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were supported to identify and mitigate risks associated with their care and support. The provider assessed risks to people and supported them to lead the lives they wanted whilst keeping the risk of harm to a minimum.
- Assessments of risks associated with people's care had been completed. These included, but were not limited to, risks related to mobility, skin integrity and weight loss.
- Staff members knew the risks associated with people's care and knew how to keep people safe whilst

providing assistance. For example, the provider had revised their care plans and training to ensure staff members had the skills to support people when they felt anxious or worried. One staff member told us how they removed unnecessary distractions when one person showed they felt upset.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The provider completed regular checks to ensure staff followed the latest infection prevention and control practices. Staff members told us they had received the latest training on the use of personal protection equipment and took part in a testing regime which was overseen by the management team.
- When staff members identified things which compromised effective cleaning, for example worn furniture, this was reported to the provider and the items replaced.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them. We saw staff were available to support people promptly when needed but also had time to interact with them in an unhurried and valuing way.
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with others.

Using medicines safely

- People's medicines were managed safely. People received their medicines when they needed them. The provider had systems in place to effectively and safely respond should an error occur.
- Some people took medicines only when they needed them, such as pain relief. There was appropriate information available to staff on the administration of this medicine including the time between doses and the maximum to be taken in a 24-hour period.
- Staff members were trained and assessed as competent before they could support people with their medicines.

Learning lessons when things go wrong

- The provider had systems in place to review any reported incidents, accidents or near misses. For example, any falls or trips were reviewed to see if anything could be done differently or if a referral to additional services, like physiotherapists, was needed. This was overseen by the management team to ensure appropriate actions had been completed or if there were any trends which needed to be addressed.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found systems and processes had not been established and operated effectively to keep people safe. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Although improvements had been made to governance systems, more time was needed in order to assess the sustainability of these improvements. The manager and provider had introduced quality monitoring systems designed to drive improvements in the care they provided. Although these systems have proved to be initially effective, they have yet to be demonstrated as embedded over time.
- The management team was visible throughout the location and people and staff told us they saw them on a very regular basis. We saw the manager had a positive relationship with those living at The Leylands - Residential Care Home.
- Following our last inspection, the provider had made significant improvements on staff training, risk assessments, care planning and safeguarding. Every staff member we spoke with told us about the improvements since the last inspection. One staff member said, "We all felt so low after the last inspection as we didn't realise just how much things had slipped. Now I can't believe the improvements we have made. Everything is so much better. We have a team (management) we can trust and go to. They listen and put things right. It really is a lovely place to work, now."
- In addition to their own quality systems the provider sought the advice and guidance from visiting healthcare professionals. For example, we saw a report completed by a Pharmacist regarding the safe storage and administration of medicines. The provider was compliant in all areas of this quality check confirming people received their medicines safely and staff followed best practice in this area.

At our last inspection the provider had failed to comply with the conditions of registration with The Care Quality Commission. This was a breach of Section 33 of the Health and Social Care Act.

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

- At our last inspection we found The Leylands - Residential Care Home did not have a manager registered with us which is a requirement of their registration. At this inspection we confirmed there was a manager in post and they were present throughout this inspection. Furthermore, they had applied to register with the CQC.

At our last inspection the provider had failed to notify us where potential safeguarding concerns had occurred within the service. This was a breach of regulation 18 (failure to notify) of the Health and Social Care Act 2008 (Registration) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

Continuous learning and improving care

- The management team kept themselves up to date with changes in adult social care. This included regular updates from the CQC and leading organisations in health and social care. In addition, the management team were part of a wider support organisation consisting of a number of care home managers where they could seek advice and guidance.
- The management team also kept themselves up to date with changes in guidance from the NHS and Public Health England in terms of how to manage during the pandemic.

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

- People and staff members said the management team was approachable and they felt supported by them. People told us they were asked for their opinion of the service they received regularly. We saw minutes of resident meetings where people were able to feedback on a number of topics including, food, safety, garden area, activities and laundry. One person told us how much they enjoyed the food and they approved of the recent menu changes which included their own suggestions for meals.
- The Leylands - Residential Care Home promoted equality and diversity by hosting a number of awareness events including religious celebrations and remembrance events. They also supported people to engage in other activities such as, National Grandparents Day and fun events like a pyjama day. These encouraged people to share their experiences and memories whilst engaging in things they enjoyed.
- Staff members found the management team approachable and supportive.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. We saw evidence where the provider had engaged with people when concerns had been raised with them. This included an explanation and a commitment to prevent reoccurrence.

Working in partnership with others

- The management team had established and maintained good links with other health care professionals. For example, GP, dieticians, the local authority and physiotherapists.