

Angel Care Homes Limited

The Leylands - Residential Care Home

Inspection report

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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 care home providing personal care to 19 people at the time of the inspection. The service can support up to 21 people. The service provides support to older people, people living with dementia, people with learning disabilities and people with physical disabilities.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Quality checks in place did not always identify where there were gaps in recruitment files. Checks did not always identify where documentation had been completed inconsistently or where records had not been completed accurately.

People told us they felt safe and staff understood how to keep them safe. Improvements had been made to medicines systems since the last inspection and people's medicines were stored and administered safely. Risk assessments were in place that guided staff on how to meet people's needs safely and staff followed them. People were supported by a sufficient number of staff to meet their needs safely. The home environment was clean and systems were in place to reduce the risk of infection.

Medicines audits were comprehensive and effectively checked whether medicines were being stored and administered safely. The registered manager and staff were clear about their roles and a positive and supportive culture was evident in the home.

People and relatives told us the registered manager and senior staff were approachable. Staff were able to engage with the service through supervision and team meetings. The provider worked proactively to improve care at the service and shared learning with other care home managers through local engagement groups.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 requires improvement (published 3 March 2022) and there was a breach

of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

The service remains rated requires improvement. This service has been rated requires improvement for the last five consecutive inspections. At this inspection we found improvements had been made but the provider remained in breach of regulations.

Why we inspected

We received concerns in relation to falls not being reported, staff using unsafe moving and handling techniques and bullying at the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. However, we have found evidence that the provider needs to make improvements. Please see the well led section of this full report. You can see what action we have asked the provider to take at the end of this full report.

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.

Enforcement

We have identified a breach in relation to governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Health and Social Care Act 2008.

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

Inspection team

The inspection team consisted of 1 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.

Service and service type

The Leylands – Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Leylands – Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people that use the service. We also spoke with 10 members of staff including the nominated individual, the registered manager, senior care assistants, care assistants, and kitchen staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed staff providing support to people in the communal areas of the service. We reviewed a range of records. This included 4 people's care records and 5 people's medicines administration records. Quality monitoring systems and a variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection, we found prescribed creams were not always signed for by the staff member who had administered them. At this inspection, medicines administration systems had been reviewed and MAR (Medication Administration Record) were signed by the staff who administered the specific medicine.
- Protocols were in place to guide staff when to administer 'as required' medicines. Staff recorded when they administered 'as required' medicines and the reason for doing so.
- Medicines were stored safely. Storage temperatures were checked twice daily, and medicines were stored in a locked cabinet in a locked room.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe at the home. One person told us, "I feel safe here, I don't feel at risk or anything." One relative told us, "I've got no doubt about them being safe, no qualms at all. They have thrived here."
- People were supported by staff who knew how to keep them safe. Staff knew the types of abuse and how to report safeguarding concerns. One staff member told us, "I have had safeguarding training. I would report any concerns to the head of care and fill out an incident form, this would be reported to the registered manager and they'd follow up."
- Accidents and incidents were recorded and reviewed by the registered manager and action was taken when needed to reduce the risk of reoccurrence.

Assessing risk, safety monitoring and management

- Relatives told us risks to their family members were managed safely. One relative told us, "They have not had any falls since they got here. They could quite easily have had one as they're not steady but staff make sure they don't fall."
- Risk assessments in place provided clear guidance to staff on how to manage risks to people.
- Staff understood how to manage clinical risk to people. One staff member told us if they had concerns regarding a person's health, they would escalate it to their senior who would contact appropriate health professionals such as their GP.
- Where people had specific clinical needs, personalised risk assessments were in place to guide staff how to meet people's needs safely. For example, where one person had a Speech and Language Therapist (SALT) assessed diet, their risk assessment guided staff how to support the person in a way that mitigate risk associated with eating and drinking to them.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- At the last inspection, gaps were found in the employment history of staff. Since the last inspection, the provider had made improvements and sought additional employment history information from staff.
- People were supported by staff who were safely recruited. Staff received a full induction and were not permitted to work at the home until satisfactory references had been received and a Disclosure and Barring Service (DBS) check had been viewed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by an appropriate number of staff to meet their needs safely. People told us they did not have to wait for support when they needed it. One person told us, "Carers are quick to help me. If I want a carer, I'd call them and they'd come."
- People were supported by staff who had the knowledge and skills to meet their needs safely. Staff had received adequate appropriate training to meet people's needs safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had made changes to their visiting policy to ensure people could have visitors in line with current care home visiting guidance.
- Relatives told us they were able to visit the home but were required to book an appointment, enter the home via the back door and sit in the dining area. Some relatives told us they were unhappy about this. We discussed this with the registered manager who told us relatives would be permitted to visit the home without an appointment, but relatives tended to book as they could have privacy in the dining area.
- Following the inspection, the registered manager also told us that visiting was not confined to the dining area and relatives had a choice regarding where to spend visiting time. The registered manager told us they

would contact relatives to share this information again to ensure they all understood the changes to the visiting policy since government guidance had been updated.

- The registered manager told us they had not initially recommenced visiting in communal areas due to the home being small and to reduce the risk of spread of infection.

Learning lessons when things go wrong

- Where things went wrong, action was taken to reduce the risk of reoccurrence. For example, where one person experienced some difficulty when eating, a referral was made immediately to SALT to request an assessment of their eating and drinking needs.

- The provider had taken immediate action to address the concerns raised at the last inspection and additional systems had been put in place to reduce risk to people.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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 the provider had not achieved a good rating for the last four consecutive inspections placing people at risk of not receiving consistently safe care. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Routine checks of daily records were not being undertaken. This meant there was no system in place to identify where staff had failed to record people's clinical needs accurately or consistently or to ensure clinical concerns were escalated. For example, where staff had inaccurately recorded in 2 people's clinical records, this had not been identified or followed up. We discussed this with a senior staff member who showed us accurate information had been recorded in the daily handover which meant there was no need for escalation as people were not at risk of harm.
- People's care files were reviewed regularly. However, checks did not always identify where documentation was contradictory. For example, one person's consent forms stated they had capacity to consent but also stated a best interests' decision was required. A best interests' decision would only be made where someone lacks capacity to make a decision themselves. There had been no impact on the person and the registered manager immediately reviewed the document and addressed the inconsistency.
- Despite previous ratings of requires improvement, the provider was not always proactive in requesting feedback from relatives about the service. Relatives told us they were not always asked for feedback but they were contacted if there were any concerns. One relative told us, "There is not really a system for updating us but they do let us know if anything goes wrong with our relative."

We found systems in place to assess, monitor and improve the quality and safety of the service provided were not always effective. Not achieving a rating of good for the last five consecutive inspections placed people at risk of not receiving consistently safe care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Comprehensive medicines spot checks and audits were undertaken to check medicines were being stored

and administered safely.

- Audits were in place to check the home environment and quality of equipment used in the home. Where actions were identified, these were addressed. For example, a bed alarm audit identified some batteries needed replacing so this was undertaken.
- Competency checks were undertaken to ensure staff continued to provide safe care to people.
- The registered manager and staff were clear about their roles and responsibilities. CQC notifications were submitted in line with regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had regular supervision which they found useful and gave them the opportunity to feedback regarding the service. Staff also attended team meetings where they could engage with management at the home and make suggestions to improve the service. One staff member told us, "We can make suggestions about the service at any time or in team meetings, we can say what we think will improve the service."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives gave positive feedback regarding the management team. One relative told us, "I can't fault the management. They are very approachable and always have time for you. They have been so supportive."
- Staff felt supported by the registered manager. One staff member told us, "The manager is very approachable. They communicate with us constantly."
- The provider promoted a positive and open culture at the service which enabled staff to continue to learn. One staff member told us, "We keep evolving and learning every day from our mistakes, we have people who support us constantly."

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

- Relatives told us the provider was open and honest and told them if something went wrong. One relative told us, "If there was an issue, I wouldn't have a problem mentioning it but the manager or seniors would probably mention it to me first."
- The registered manager understood the duty of candour and their responsibility to be open and honest with people and other agencies.

Continuous learning and improving care

- The provider was proactive about continuous learning. For example, the registered manager engaged with local care managers' groups where they shared information to improve the quality of care for people.
- The registered manager and staff had won local awards which recognised the positive roles they played at the home.

Working in partnership with others

- The provider worked closely alongside commissioners and other agencies such as the local IPC team. The provider had received positive feedback regarding their joint working.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to achieve a rating of good for the last five consecutive inspections which placed people at risk of not receiving consistently safe care.</p>