Quality Homes (Midlands) Limited

Leighswood

Inspection report

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Date of inspection visit:
01 February 2016

Date of publication:
17 March 2016

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

This inspection took place on 1 February 2016 and was unannounced. At the last inspection completed 2 July 2013 the provider was meeting all of the requirements of the law.

Leighswood is a residential home that provides accommodation and personal care for up to 23 older people who are living with dementia. At the time of the inspection there were 21 people living at the service. There was a registered manager in post. 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 told us that they felt safe living at the service. They were protected by a staff team who could recognise signs of potential abuse and knew how to report any concerns. People were protected by sufficient numbers of staff to ensure their needs were met. People received their medicines as required. Risk management processes did not always identify and manage all risks to people.

People's rights were not always protected by the effective application of the Mental Capacity Act 2005 (MCA). Where people did not have the capacity to make decisions about or consent to their own care, principles of the MCA had not been followed. People were happy with the food and drink they received and had access to healthcare professionals when required. People were supported by a staff team who had received regular training and were supported by their line manager.

People were supported by a staff team who were kind and caring. Staff knew people well and understood people's preferences. People were enabled to make choices about their day to day care. People's privacy and dignity was upheld and they were supported to maintain relationships that were important to them.

People's care plans and the care they received mostly reflected their needs and preferences. People had access to limited leisure opportunities. They told us that they had not had a need to make a complaint, however they felt confident in doing so if it was required.

People were not protected by robust quality assurance systems that ensured the areas of improvement within the service were identified and actioned. People and staff felt that the registered manager was approachable and supportive.

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 consistently safe.

People felt safe and were protected by staff who understood how to recognise and report potential abuse. Risk management processes did not always identify and manage all risks to people.

People received their medicines as prescribed. People were supported by sufficient numbers of staff who were recruited safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People's care was not always provided in line with the Mental Capacity Act 2005. People were able to access healthcare professionals when required and enjoyed the food and drink available to them.

People were supported by a staff team who received regular training and supported.

Is the service caring?

Good

The service was caring.

People felt that care staff were caring and supported them well. People were able to make choices about their day to day care.

People's privacy and dignity was protected and upheld. People were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

People's care reflected their preferences and their care plans were updated when their needs changed.

People had access to some leisure opportunities, however, we

found that improvements could be made in this area.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People were not always protected by robust quality assurance systems that identified required areas of improvement within the service.

People and staff felt supported by management and told us that they were involved in the service.

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 1 February 2016 and was unannounced. The inspection team consisted of two inspectors. As part of the inspection we reviewed the information we held about the service. We looked at statutory notifications sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with five people who lived at the service and three visitors who were friends or relatives. Some people who lived at the service were unable to share their experiences so 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 spoke with the registered manager, the cook and three care staff. We reviewed records relating to medicines, five people's care records, three staff files and records relating to the management of the service. We also carried out observations across the service regarding the quality of care people received.

Requires Improvement

Is the service safe?

Our findings

We looked at how the provider identified and managed risks to people living in the service. We saw that risk assessments were in place in people's files. These risk assessments identified if people living at the service were at risk of harm in areas such as nutrition and falls, however, they did not guide staff as to what to do to reduce identified risks. Risk assessments did not identify the unique risks that were present for individual people and how to minimise these risks. We were told by staff one person was experiencing discomfort and was shouting out when staff attempted to move them with the hoist. Staff told us that as a result of this they had stopped using the hoist and were caring for the person in bed. We asked to see the risk assessment and care plans that outlined the risks that had been considered while this person was hoisted. We found that risk asessments had not been put in place. The risks to this person had not been fully considered and guidelines provided to staff as to how to safely move this person with this hoist. Therefore the risks to this person had not been effectively managed.

People did not share their views around their medicines with us, however, visitors told us that they felt people received their medicines as prescribed. One visitor told us, "[Person's name] has improved greatly since [they've] been here… [they] get [their] medicine on time." We found that medicines administration records (MARs) were kept for tablets and liquid medicines given to people. We saw that staff administered these medicines safely and ensured that medicines were stored securely within the service. We checked that the stock levels of medicines matched the quantities outlined on people's MAR and we found that they did. We found, however, that staff were not recording the administration of topical creams and lotions. Staff told us that they were applying creams as required, however, as this was not recorded we were not able to confirm if people were receiving their creams and lotions as prescribed. We saw that the temperature of areas in which medicines were stored were not consistently monitored. One area was checked infrequently, however, the temperatures recorded were within the recommended range. Another area in which medicines were stored did not have a facility for checking the temperature and medicines were being stored close to a heating device. Therefore staff were not able to confirm if medicines were stored in line with manufacturer's guidelines in order to keep them safe.

People told us that there were sufficient numbers of staff available to keep them safe and to meet their needs. One person told us that staff were around to provide help if and when they needed it. A visitor told us that they felt there were sufficient numbers of staff. They told us, "They always seem to have enough time". We saw that people received support from staff when it was required and they were not left waiting for care. We saw that staffing levels during the day allowed for staff to take time to speak with and reassure people. For example, we saw one person asking to talk to a member of staff and they took time to sit with them and to chat about day to day events. They also told us that they were working to recruit and resolve this issue as a matter of urgency. People were protected by staff who had been recruited safely and had the required pre-employment checks completed. We saw that reference checks and checks such as staff members' potential criminal history were completed. The registered manager provided assurances that DBS checks had been completed before staff members started work, however, the date on which criminal history checks were completed had not been recorded.

People told us that they felt safe living at the service. Visitors to the service also told us that they felt their friend or relative was kept safe from any potential harm. Staff that we spoke with were able to describe the signs of any potential abuse or mistreatment and knew how to report any concerns about people. We saw that where concerns had been identified about people, these had been reported to the local safeguarding authority as required by law. Staff told us that they knew how to 'whistle blow' and report concerns directly to outside organisations such as CQC or the local authority if required.

Requires Improvement

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Although the provider had completed assessments of people's capacity in accordance with the MCA, these had not always been completed in relation to specific decisions being made on behalf of people using the service. Documentation that was in place in people's care plans about people's capacity did not always match what staff and the management team told us. For example, some assessments of people's capacity in their care plan stated that they did have capacity to make decisions when staff told us that they did not.

There were a number of people receiving their medication covertly at the home, for example by disguising people's medicines in their food. The covert administration of medicines is only likely to be necessary or appropriate for people who have actively refused medication but who are judged not to have the capacity to understand the consequences of their refusal. The registered manager had obtained a letter from people's GP to say that they would support the administration of medicines covertly. However, they had not followed the requirements of the MCA as people's capacity to refuse their medicines had not been properly established and the proper legal processes had not been followed.

The registered manager was not fully aware of the requirements of the MCA and therefore key principles of the MCA had not been embedded across the service. The registered manager confirmed that training had recently been completed on the MCA, however, this had not provided staff and managers with sufficient knowledge and skills to apply the principles of the Act.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager had made applications to deprive people of their liberty where they felt this was in their best interests to keep them safe. We were told that these people lacked the capacity to make these decisions or provide consent themselves. However, we saw that capacity assessments for these people confirmed that they had capacity to make decisions about their own care. The manager told us that they would review these assessments to ensure that they correctly reflected people's capacity and that DoLS applications were not submitted for people who should be consenting to their own care and treatment. The DoLS applications that were in process were still to be reviewed by the local authority before they were authorised.

People told us they enjoyed the food and drink they received and that there was a good range of choices available to them. Two visitors told us that they felt regular nutritious meals had contributed to an improvement in their friend or relative's health. One visitor told us how one person's weight had stabilised since they had been living at the service. Another visitor said, "To know [person's name] is getting regular meals…that's really reassuring for me." Where people had special dietary needs such as diabetes, staff

members were aware of their needs. We saw that meal choices were available to people and staff offered alternatives where people didn't like the menu options. We saw that breakfast was served at the time people chose when they got up each morning. They were able to decide when they woke up if they would like a cooked breakfast or cereal. We saw that drinks were available to people throughout the day. People were involved in mealtimes and we saw that they assisted with tasks such as laying tables for lunch.

People told us that they had access to healthcare professionals such as doctors and chiropodists when needed. Visitors told us that they were kept informed of people's changing health needs and medical interventions where it was appropriate. We saw people receiving visits from healthcare professionals during our inspection. We heard staff communicating people's needs during their staff handover meeting. We saw records of healthcare professionals' involvement in people's care in their care plans and daily records. We saw that the registered manager had identified that they were not able to meet the health needs of one person living at the service. They had involved external professionals, including social services and health professionals in arrangements about this person's care to work towards addressing concerns identified.

People and their visitors told us that they felt staff had the required skills to support people effectively. We saw that staff were able to meet the needs of people within the service. Staff told us that they felt supported in their roles. They told us that they had supervision meetings with their line manager and they felt they could access support in between these meetings. We saw that staff had access to training and development opportunities. Staff told us that they were happy with the training that was available to them. Care staff either held a level 3 qualification in Health and Social Care or they were working towards a level 2 qualification. We saw that where appropriate, the manager identified gaps in staff members' skills and arranged training as appropriate. For example, the manager had identified that staff needed to enhance their skills in the area of caring for people's skin and this had been arranged.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "I'm happy here", "They've been good to me". Another person told us that staff were caring and were, "Very nice". A third person told us that they felt respected and valued by staff and that staff took time to talk to them. Visitors told us that staff were caring towards people living at the service. One visitor told us, "I'm so glad that [person's name] is in a place like this with the staff [they have]." Visitors told us that staff were caring towards them as well as people living at the service. They told us that staff recognised their needs as friends and relatives. One visitor said when they had needed support themselves, "I spoke to a member of staff and they made me feel better." Staff told us that they felt it was important to make people feel valued and important. One staff member told us, "I love working with the people, making people's lives better." We saw that staff interactions with people were positive and staff took time to support people patiently. We saw that staff knew people living at the service well and spent time talking to people about things that were important to them.

People told us that they were enabled to make choices about their care. One person told us that the best thing about living at the service was, "You can do what you want". People told us that they made choices about things such as what time they got up, the food they ate and what they did. We saw that people were given choices during the inspection. This included where people wanted to spend their time and the drinks they had. We saw that staff were aware of people's preferences and knew how to make people comfortable. For example, we saw that staff were aware of details such as who wanted their bag to be near them in the lounge areas.

We saw that people's privacy and dignity was protected and promoted. People told us that staff respected their privacy. Staff were able to describe how they would protect people's privacy and dignity by ensuring that personal care was completed discreetly and private space was made available to discuss confidential issues. We saw this practice in place during the inspection. One visitor told us how they had been asked to temporarily leave a communal area if someone in the service had been taken unwell in order to protect their dignity. We saw that where issues with protecting people's dignity existed, these had been identified and concerns were being addressed. For example, we saw that staff had discussed at recent meetings how they would manage people's laundry to ensure their personal items were returned to them. People's independence was promoted by encouraging them to mobilise themselves where possible and by encouraging them to take part in tasks around the home such as laying tables at meal times.

People told us that they were supported to maintain relationships that were important to them. We saw that visitors were welcomed into the service and were enabled to spend time with their friends and relatives in communal areas or in a private space. Visitors told us that they were made to feel welcome in the service. We were told by one relative that in the summer they enjoyed sitting in the garden with their relative and staff made them feel welcome by bringing them a tray of tea.

Good

Is the service responsive?

Our findings

People told us that they received the care that they wanted and required in order to support their needs. People were receiving care that reflected the care plans we saw and family members were involved in people's care where appropriate. Care plans were updated to reflect the changes in people's individual needs. For example, one person's care plan had been updated to reflect their increased dependency for support when mobilising. We found that staff were aware of people's changing needs. For example, staff that we spoke with were aware that medicines had changed for one person living with diabetes. We saw effective communication during staff handover meetings. Information shared included any changes in people's needs or concerns that the next staff team needed to monitor. We saw that the registered manager completed reviews of people's care plans. We saw that the deputy manager made regular amendments to care plans where required.

People told us that they had access to limited leisure opportunities. One person told us, "We have fun and a laugh". They told us that they took part in activities including having 'sing songs' in the lounge. Another person told us that they liked to read and watch TV and were able to do these things every day. They told us that they liked talking to other people living at the service and to ocassionally go shopping. Other people said that they didn't have much to do in the service. Some visitors told us that they'd like to see more activities and leisure opportunities developed for people. We saw that there were limited leisure opportunities available to people on a day to day basis.

The registered manager told us that they were reviewing the activities available to people. They told us that they were exploring ways to develop areas in the service which would provide further leisure opportunities. For example, developing the garden and introducing raised flower beds for people to take part in gardening activities. The registered manager was aware that one person used to have their own vegetable patch and others had expressed an interest in this activity. The activities that were in place could be developed further to reflect people's individual preferences.

Most people and their relatives told us that they had not had any requirement to make a complaint. They told us that they felt they would be listened to and their concerns acted upon if they did complain. We saw that the registered manager logged formal complaints that were made to the service and these had been responded to in an appropriate way. We found that the registered manager didn't record concerns and any action taken to resolve these concerns if they were made in an informal way such as verbally to a member of staff. We were assured by the registered manager that all concerns were addressed and staff told us that they understood the importance of addressing "even the smallest issue". We saw that one visitor raised concerns about the service received by their relative during the inspection. We spoke to the registered manager who confirmed that they would not have considered this to be a complaint. They advised that they would take steps to resolve the concerns raised. They also confirmed that they would record and monitor comments made in this way moving forwards to ensure that they could further improve the overall management of the quality of the service.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had quality assurance processes in place that reviewed the quality of service people received. For example feedback surveys were completed and care plans were reviewed. These systems were not always adequate in identifying the actions required to improve the service. For example, we found that the registered manager did not have a system in place for ensuring that medicines were stored in line with manufacturers guidelines. There were insufficient processes in place for monitoring the temperature of storage areas. There was also no system in place for ensuring that effective audits were completed of medicines; this included stock levels and any gaps in medicines administration records. The provider had not ensured that the administration of all medicines, including topical creams was correctly recorded in order to protect people from any potential risks due to administration errors.

We saw that the registered manager completed audits of the environment in the service that had identified some actions required in the building. Audits around people's care and the feedback people received were not robust. We found that accidents and incidents were recorded but were not analysed effectively. The provider was not analysing if there were any trends arising from accident records that would assist in managing risk to people living at the service. The registered manager had not developed a quality assurance system that effectively identified any reoccurring trends and issues in order to drive improvements within the service.

We saw that people knew the registered manager and were comfortable with them. Visitors told us that they knew who the manager was and felt supported and welcomed by them. One visitor told us, "She makes us feel very welcome. Even if she's really busy". We saw that the registered manager was visible in the service and made themself available for both people living at the service and staff. Staff told us that they felt supported by the registered manager and the deputy manager. We were told by staff that these managers were available when they required advice or support.

People told us that they felt involved in the service and told us it was, "Marvellous here". We saw that the manager completed feedback surveys with people and relatives in order to seek their views. We saw that the surveys completed by people were reviewed by the registered manager and any comments that required attention were addressed. There was, however, no analysis of the results completed in order to identify areas of improvement in the service overall. We saw that people were involved in meetings where they were able to share their views on the service. People felt that they were listened to and that improvements were made where required.

Staff told us that they felt involved in the service and thought that the manager would listen to their views. Staff were also involved in meetings where they were able to discuss areas of improvement required in the service. We saw that the registered manager had developed a system of delegating areas of responsibility in order to develop staff skills and involve them in the running of the service. Staff told us that they were passionate about the quality of care they provided for people. We saw that the registered manager had developed a team who were committed to their roles and to the service they were providing to people.