

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?

Requires Improvement ●

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 18 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

Whilst people received their medicines as prescribed, people's medicines records required improvement to support this practice. People did not consistently receive their topical medicines by the staff that were documenting they had administered these.

The provider had completed recruitment checks on staff however, these checks required review to ensure these were complete in line with current guidance.

Quality assurance tools did not consistently identify the improvements we highlighted were required in relation to medicines, the environment and recruitment. The provider worked with us to ensure improvements we identified at the inspection were made.

People felt safe and were supported by trained staff who understood their needs and risks. People were supported by sufficient staff and did not wait for care and support. People were supported in line with current government guidance around COVID-19 and infection control.

People and their relatives knew the management team and felt able to raise any concerns they had about the service if these arose. People and their relatives were regularly asked for feedback in the form of questionnaires and meetings. People had access to healthcare professionals as they required these. Professionals gave positive feedback about the staff and management team.

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

Rating at last inspection

The last rating for this service requires improvement (published 10 October 2021). This service has been rated requires improvement or below for the last four consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about a person's experience of care whilst at The Leylands- Residential Home. As a result, a decision was made for us to undertake 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 has remained the same based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Leylands-Residential Home on our website at www.cqc.org.uk.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our safe findings below.

Requires Improvement ●

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 included checking the provider was meeting COVID-19 vaccination requirements. 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 three inspectors. Two inspectors visited the service. The third inspector made telephone calls to staff and relatives to gain their feedback.

Service and service type

The Leylands- Residential 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, head of domestic services, senior care workers and care workers. 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 reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification following the inspection and continued to speak with people and review accident and incidents records.

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 good. At this inspection the rating has changed to requires improvement. This meant there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- During our inspection we found the window restrictor in the ground floor lounge was not compliant with Health and Safety guidance. We raised this concern with the registered manager who took immediate action to ensure this window restrictor was replaced.
- People were supported by trained staff who knew them well. One relative told us, 'The [staff] know what they are doing. [My relative] has dementia, staff have training to look after them and when [my relative] is upset staff calm them down.'
- The provider had systems in place to review any accidents and incidents. For example, the management team met regularly to reviews actions that had been taken and analyse and trends in accidents and incidents.
- People had care plans and risk assessments in place which reflected their needs and gave clear guidance for staff on how to meet these. For example, where people were at risk of skin damage there was guidance in place for staff on how to reduce this risk by offering regular pressure relief.

Staffing and recruitment

- The provider completed checks on staff prior to their employment such as criminal records checks and obtaining references. However, these checks required strengthening as staff recruitment files did not always contain staff's full employment history.
- There were sufficient staff to meet people's needs in a timely way and we observed people did not have to wait to receive support. One staff member told us, 'There are enough staff, we can get to people when we need to.'

Using medicines safely

- Where people were prescribed creams the staff administering these were not the staff that were signing the medicines records to reflect these had been applied. Whilst staff we spoke with assured us they checked people's creams had been applied prior to signing their medicines records, this increased the risk of staff recording that people's creams had been applied when they had not.
- Some people were prescribed medicines 'when required' such as paracetamol for pain relief. We found staff had did not always have guidance to inform them when these medicines should be given to ensure a consistent approach was taken. Despite this, staff knew people and their prescribed medicines well and people told us and we observed them receiving their medicines as prescribed by trained staff.
- People had access to medical professionals to review their medicines where this was required.

Systems and processes to safeguard people from the risk of abuse;

- Relatives told us people felt safe and they were confident the management team would take any concerns seriously. One relative told us, "I am happy with the quality of care, [person's name] is safe in their hands. Nothing untoward has happened. They look after them well.'
- People were supported by staff who were trained in safeguarding and understood how to report concerns. One staff member told us, 'Safeguarding is keeping people safe and protected and reporting any concerns. We raise with senior or manager and they complete the paperwork.' We saw the contact details for the local safeguarding team on the notice board at the home should staff need to raise concerns they could not share with the management team.
- The management team shared concerns around people's safety with the local authority safeguarding team where this was required.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

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. At this inspection the rating has remained requires improvement. This meant where improvements were required at the service, these were not always identified, actions taken and improvements embedded.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care for their last four inspections.

- This is the provider's fourth consecutive rating of requires improvement. This meant the provider has failed to provide people with a consistently good care since 2016. Despite this, we observed the provider and registered manager were working to make the necessary improvements at the service.
- Quality assurance tools in relation to medicines had not identified the concerns we found during the inspection. For example, audits had not identified where people did not always have protocols in place for as required medicines and people's creams were not being administered by the staff who were signing to state they had administered these.
- Checks on staff's recruitment records had failed to identify where these did not always contain full information about their employment history. We raised this with the provider and they made improvements to their recruitment systems to ensure any gaps in staff employment history were obtained during the recruitment process.
- Quality assurance checks on the environment had not identified one window restrictor did not meet health and safety guidance. The provider replaced this restrictor immediately during our inspection.

Not achieving a rating of good for the last four consecutive inspections placed people at risk of consistently safe care. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team completed regular reviews of multiple areas including people's care and treatment and infection control and staff told us they had seen improvements at the service as a result of these. One staff member told us, "The home is much improved, more organised and more things in place for staff to follow."
- The management team worked with us during the inspection to make immediate improvements to the areas we had highlighted of concern. We will check improvements have been embedded into practice at the next inspection.
- The provider had displayed their previous rating clearly on entrance to the service.

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

- People and their relatives gave positive feedback about the staff team. One relative told us, "[The management team] seems much better now. I know how to contact them if I was concerned. I am sure if I

made a complaint they would take action, but there are no concerns. I have had a few chats over the phone with the more senior staff and I'm happy with everything."

- Staff spoke positively about the senior carers and the management team. One staff member told us, "[The registered manager] seems approachable. They listen to our concerns and do what they can. I have had one to one meeting and I felt listened to."

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 manager understood their responsibilities under the duty of candour and was meeting these as people's relatives were contacted following accidents and incidents where appropriate.

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

- The management team sought regular feedback from people and their relatives through questionnaires and resident meetings.
- Staff had supervisions and appraisals completed by the management team to share their views and assess their competency. Staff told us this made them feel supported.

Working in partnership with others

- People had access to healthcare professionals when they required them. For example, staff had recognised a person's health was deteriorating and requested the GP review this. Feedback we received from a professional confirmed this early intervention had enabled this person to receive dignified and effective support.
- Professionals gave positive feedback about staff's responsiveness and approach. One professional told us, "They are one of the most compliant homes with resident testing and vaccinations. The staff are good-very efficient at everything they do. I can't fault them."

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	Regulation 17 HSCA RA Regulations 2014 Good governance This was the fourth consecutive inspection where the provider had failed to achieve a rating of good. At this inspection we found further improvements were required to the quality assurance processes to effectively identify where improvements were required.