

Angel Care Homes Limited

# The Leylands - Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The Leylands is located in Wolverhampton. It is a service which provides accommodation and personal care for up to 21 older people, some of whom are living with dementia. There were 21 people living at the home on the day of our inspection.

Rating at last inspection:

At the last inspection, in November 2014, the service was rated Good. At this inspection, we found the service remained Good.

Why the service is rated Good:

People continued to be protected them from avoidable harm and abuse. Staffing levels continued to be sufficient to meet people's needs, as well as to enable staff the time to spend with people. People continued to receive their medicines safely.

People continued to enjoy the variety of meals provided, and continued to receive individual assistance with their eating and drinking needs. Staff continued to receive training which was relevant to the needs of the people living at The Leylands.

People continued to enjoy positive and respectful relationships with staff. People were able to enjoy their individual hobbies and interests. Staff continued to provide care which was tailored around people's individual preferences and needs.

The registered manager and provider had systems in place to monitor the quality of care people received. People, relatives and staff were positive about the running o the home, and felt their opinions and feedback mattered.

Further information is in the detailed findings below.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service is well-led.

People and their relatives were consulted on the running of the home. There was a system in place for monitoring the standard of care people received, and to ensure high standards were maintained.

People, relatives and staff were positive about how the home was managed.

# The Leylands - Residential Care Home

## **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 checked 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 was a comprehensive inspection, which took place on 28 June 2017 and was unannounced.

The inspection team consisted of one Inspector and one 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. They had knowledge and experience of care for older people.

Before our inspection, we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on any statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to focus our inspection.

We spoke with six people who lived at the home and five relatives. We spoke with the registered manager, the provider, and four members of staff. We also spoke with a social worker. We looked at three people's care records, which included healthcare information, capacity assessments and risk assessments. We also looked at feedback received and a sample of the registered manager and provider's audits.

We observed people's care and support in the communal areas of the home and how staff interacted with people. We did this to gain an understanding of people's experience of the care and support they received.

## Is the service safe?

### Our findings

At our previous inspection on 19 November 2014, people told us they felt safe and secure living at The Leylands, and that there were enough staff on duty at any one time to meet their needs. At this inspection, people continued to feel safe. One person we spoke with told us, "Yes, I am safe, of course I am. Why wouldn't I be when there's so many lovely carers here to help me if I need them? I want for nothing, night or day." People and their relatives told us there were enough staff to respond promptly when help was needed. One person we spoke with told us, "There's always someone around to help me if I want them. If I ring my buzzer they are here in the blink of an eye." Relatives we spoke with also commented on staffing levels and people's safety, with one relative telling us, "I know they [relative] are safe here because there's always someone around to watch over them." This was reflected in our observations throughout the day.

At our previous inspection, staff demonstrated an awareness of the different types of abuse and harm, and how to report these. At this inspection, we found staff continued to be vigilant to the signs of abuse and harm. Recently, staff had raised concerns to the registered manager and the provider about how a person living at The Leylands had been treated by an individual member of staff. This had been investigated internally and appropriate disciplinary action taken. Staff, the registered manager and provider told us that any form of abuse or harm would not be tolerated.

We saw that people's freedom was encouraged, whilst ensuring their safety. People were seen moving freely and without restrictions between different areas of the home, both upstairs and down and moving between each. People had access to all floors via the lift and the staircase and the secure rear garden. During a conversation with one person about their life experiences at The Leylands, they told us, "If the weather is nice, I like to have a walk in the garden. The door is opened in the morning and we can come and go and sit outside when we want. I loved my garden when I lived at home. It's safer here because it's on one level out there and I am free to come and go and sit or potter if I want. I feel much safer having someone to keep an eye on me all the time. Life's good here."

Risk assessments were in place regarding people's individual care and support needs. For example, one person's risk assessment explained the need to keep their legs elevated at night, and how this was to be done. Staff we spoke with were familiar with people's risk assessments and the importance of ensuring these were adhered to and kept under review.

At our previous inspection, we found people received their medicines safely and as prescribed. We found on this inspection people continued to receive their medicines safely. One person we spoke with told us, "They give me my tablets twice a day. I don't take many, but I can't always remember. Usually in the morning and at night. Yes, I get a drink. Sometimes they get stuck. I don't like them. The girls (staff) wait until they're all gone." We saw people were supported to take their medicines, with staff explaining to them what the medicine was and making sure they had been taken. We spoke with a senior carer about people's medicines. They were knowledgeable about people's individual medicines, and the system used at the home for ordering, storage and disposal.

## Is the service effective?

### Our findings

At our previous inspection, we found staff had the knowledge and skills needed for their roles. At this inspection, people continued to feel that staff were effective in their roles. One person we spoke with told us, "Yes, they are very well trained; they are always doing some training. You hear them chatting about it." Staff we spoke with told us there was a strong focus by the provider on staff development and training. One member of staff told us, "We have a lot of training, and it is all relevant to the needs of the people living here." One member of staff told us about their induction, and how it had helped prepare them for their role.

People told us they saw health professionals, as required. One person we spoke with told us, "Oh yes, they will get the doctor if they need to, if I'm a bit off colour or something. They take me for my hospital check-ups when it comes around. They are very good. Nothing's too much trouble for them. They are golden." The provider told us, "We are very good at keeping people well." Staff told us they felt a particular area of expertise was pressure area care, and that they alerted district nurses to any changes to, or concerns about, people's skin health. A social worker we spoke with told us any medical concerns were responded to, with the relevant medical professional promptly contacted. During our inspection, we saw recent feedback from a dietician, which commented on how their medical guidance and recommendations had been followed by staff. We saw people had access to a range of health professionals, including physiotherapists, opticians, continence nurses and podiatrists.

At our previous inspection, people told us they were happy with the food and drinks provided. We found at this inspection that people continued to be satisfied in this area. One person we spoke with told us, "The choice and quality of food here is exceptional. The selection is good anyway, but if you fancy something else or you're feeling a bit off colour, you can have whatever you fancy. Nothing is too much trouble." Choices were offered to people, with visual examples provided so people could see what the meals looked like; people who chose or needed to eat their meals in their rooms were given the same choices and options.

Where there were concerns about people's eating and drinking needs, or weight loss, referrals had been made and input sought from relevant health professionals, such as Speech and Language Therapy (SaLT), dieticians and GPs. One person needed to use adapted cutlery, which had been sourced and we saw that staff ensured the person had this when they ate their meal. Staff we spoke with were aware of SaLT and dietician guidance, which was also recorded in people's care plans.

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. The service took the required action to protect people's rights and ensure people received the care and support they needed. For example, where people lacked capacity to make decisions about their care, these decisions were made in their best interest by staff, relatives and health professionals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be

deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had assessed people's needs and made appropriate DoLS referrals, where necessary. Staff we spoke with were able to tell us who had DoLS in place, and the reasons for these restrictions.



## Is the service caring?

### Our findings

At our previous inspection, we found that people enjoyed positive and respectful relationships with staff. At this inspection, people continued to benefit from such relationships and interactions. One relative we spoke with told us, "The staff are fantastic. They sit and chat with my relative, but they are quite hard of hearing. Staff know that if they talk facing my relative, they can mostly get what staff are saying." Another relative we spoke with told us, "The staff are so very kind all of the time. They're so good to my relative. They love them and plainly my relative is very settled and happy here and very fond of the staff. Even the domestic staff look out for the residents here. They all know my relative really well and their likes and dislikes." We saw consistently positive interactions between staff and people throughout the day, with several occasions where staff sat alongside people and held their hand, chatted with them and offered unhurried companionship.

People and their relatives told us that people were offered choices in the way they were cared for, and that these choices were respected. One relative we spoke with told us, "They (staff) always listen to what [person] wants and respect my [relative's] choices. If my [relative] doesn't want to do something they don't make them do it. They respect my [relative's] decision." The home had recently undergone some refurbishments, and we saw that people had been involved in decisions about this. The provider told us they had wanted to replace the curtains in the dining area with some new ones, but people had said how much they liked them and so they had not been changed.

People continued to be treated with dignity and respect. One person showed us their painted nails, which a member of staff had painted for them. They told us how much they liked them and how it mattered to them to look "smart." A relative we spoke with told us, "My relative always has clean clothes on when I visit, which is every evening. They always smell and look nice and I know they have a shower every day. This is really important to me and was to my [relative]. They placed real importance on their appearance before they became ill. It's lovely to know that the care staff realise and respect this about my [relative]. They are angels."

## Is the service responsive?

### Our findings

At our previous inspection, we found staff were responsive to people's needs; people received person-centred care and that there was a system in place for responding to complaints, comments and feedback.

At this inspection, people told us continued to be able to enjoy their individual hobbies and interests. One person we spoke with told us, "I have my paper delivered every day. I like to know what's going on in the world." We saw a carer sitting with this person whilst they talked through the headlines and read with them. Magazines, newspapers and books were available in all sitting areas, and people read these and passed them on to each other and chat about what they contained.

People told us there was always plenty for them to do. One person told us, "I enjoy the exercise sessions here and the music sessions. I love it here. There's always something to do or someone to talk to." People told us they went out regularly for a meal or to local attractions and shops. One person said, "There are lots of things to do here; whatever you like. We have entertainers, we do board games, arts and crafts, 'pimp my Zimmer' competitions, football afternoons, quizzes. You name it, it goes on here. We have parties and musical movement and all sorts of things. You can opt in or out." We saw that people's Zimmer frames had been personalised, with one person's frame having a football theme, another person's had knitted flowers on. One person told us they were making some pom-poms for their frame.

Staff understood people's individual needs, both in terms of their health and their wellbeing, as well as their individual preferences. One member of staff told us, "We know each individual well, and we provide something for everybody." People's care plans recorded information about their life histories, as well as their cultural and religious needs. For example, one person liked to eat traditional food from their country of origin. Another person liked to be asked and talk about their former job, as this had been of importance to them. People's health needs were documented. For example, one person had a specific diabetes care plan. Staff knew how to respond to any changes in this person's health.

Residents' meetings were used as a way of gathering people's feedback. One person told us, "It's good to get together and talk about things we'd like to do, and talk about the menu. Some people do sit there and say nothing, but I do. There's nothing to complain about at all. But I would if I had to. The meetings are about events and birthday planning." We saw examples of where suggestions had been acted on. One person had asked for rabbit stew on the menu, which had been cooked for them. The registered manager told us that attendance at the meetings was variable, and so they were looking at other ways of formally capturing feedback, such as meeting with people individually, or reducing the meetings to once every three months. They told us people's comments and views were routinely gathered on a daily basis by asking people for their opinions, which we saw throughout our inspection.

People and their relatives told us they knew how to make a complaint and would have no qualms in doing so. One relative said about complaints, "If I had anything to moan about, I'd speak with the registered manager, but I don't. She pops in to see my [relative] most days. They are all very approachable. I don't have any concerns at all." At the time of our inspection, no formal complaints had been received during the

period since the previous inspection.

## Is the service well-led?

### Our findings

At our previous inspection, we found that people's care records were not always reflective of people's needs and did not always contain the guidance staff needed regarding people's individual health conditions. At this inspection, we found that people's care plans contained up-to-date, personalised healthcare information, as well as individual risk assessments, capacity assessments, and tailored information about how they wanted to be cared for. Staff we spoke with were familiar with the information in people's care plans, and this was used to inform their practice. Additionally, people's care needs were regularly reviewed, such as when there was a change in need.

People and relatives we spoke with were positive about the running of the home and how they were involved in this. One person we spoke with told us, "They (the staff) talk to us and we get a questionnaire about what we think about the home. We have meetings but there's nothing at all to moan about here. We sometimes make plans and talk about food and going out. If I wasn't happy with something though, I'd say so." A relative we spoke with told us, "We have family meetings to look at [relative's] care every now and then, so there are a lot of opportunities to talk. It's lovely here. I have no worries at all."

People told us they knew who the registered manager and provider were, and that they saw them regularly. One person we spoke with told us, "The manager comes round every day to ask how we are. They are nice, they get things done. If I had anything to say, I'd tell them. We have a questionnaire to fill in as well. You can talk to all of them. There's never an issue about talking to them about anything." A relative we spoke with told us, "[registered manager] manager is fantastic. They pop in to see my relative, and other people, every day and they are very approachable. I know I can talk to them about anything if I need to. We have meetings to look at my relative's care needs every few months as well, so there's a lot of opportunities to put things right if it needs to be. It's lovely here though. I have no worries at all."

The registered manager and provider had systems in place to monitor the quality of care provided to people. This included observed supervisions of staff, where areas of their practice looked at included dignity and privacy and moving and handling. Staff were then provided with feedback about their practice, with any areas for improvement identified. The provider told us this was important to stop unintentional complacency. Audits were carried out in areas including care plans, medication and health and safety. Following a health and safety audit, renovations had been carried out in communal areas to improve the living environment for people, as well as to ensure high standards of cleanliness and infection control; the provider had recently been awarded Platinum status in this area by Infection Prevention and Control.

Staff we spoke with were happy with the level of the support they received from the registered manager and provider. They told us they were encouraged to speak out about any concerns they had, either through the whistle-blowing procedure, or through approaching them at any time. One member of staff told us, "There is a real family-feel to the home. We all pull together, and that's how it has always been."