

LRCH LTD

Leighswood

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Leighswood is a residential care home providing accommodation and personal care for up to 23 people, including people with dementia. At the time of our inspection there were 21 people using the service.

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

People were not always protected from fire risks or the spread of infection. People and staff didn't always feel there were enough staff, although we found people's needs were met in a timely way. Systems were in place to safeguard people from abuse and the provider had established processes for learning lessons when things went wrong.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's needs and choices were assessed and the service ensured people's dietary needs were well met. However, people's oral health needs were not individually documented. The new provider had taken steps to improve the environment for people. People were also supported to access healthcare and external support as needed.

People did not always feel there were enough activities to keep them occupied. However, the records showed a range of activities had previously taken place. The provider had recruited an activity coordinator to establish further activities for people in the future. People's communication needs were considered and catered for. Systems were in place to seek feedback and resolve people's complaints.

Quality assurance systems were not always effective for people. This meant the action taken by the provider had not always ensured people received consistent, good and safe care. The provider was working to improve the systems and processes in place and provide a positive culture for people at Leighswood.

People were supported in a caring and dignified way by staff. We saw people having positive interactions with staff, who sought to comfort and reassure those in distress. People felt staff knew them well and were supportive.

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 the service under the previous provider was requires improvement, published on 09 October 2020. This is the first inspection for this service under a new provider.

Why we inspected

This inspection was prompted by a review of the information we held about this service. 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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report. The provider took immediate steps to address the concerns identified following the inspection.

Enforcement

We have identified breaches in relation to the how people's safety was managed, their rights promoted and how the service was run at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Leighswood

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

Two inspectors carried out this inspection.

Service and service type

Leighswood 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.

Leighswood 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. 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 used information gathered as part of a monitoring activity that took place on 18 October 2021 to help

plan the inspection and inform our judgements. We reviewed information we had received about the service since the last inspection, under the previous provider. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 to 10 people and four relatives about their experience of the care provided. We spoke with one professional who regularly visits the service. We spoke with 12 members of staff including the directors of the provider and the nominated individual, the area manager, registered manager and eight members of staff at the service. We reviewed a range of records. This included five people's care plans, medicine administration records (MAR) and two staff recruitment files. We viewed a variety of records relating to the management of the service including audit systems.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at a range of documents including staff rotas and the provider's improvement plan.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

- Fire risks were not always safely managed. The home had recently undergone renovations, creating additional rooms in the service. The floor plan had not been updated to reflect the new layout. This is a document displayed next to the fire panel which supports the fire service to evacuate the building in the event of a fire. The registered manager addressed this during the inspection.
- One person was being accommodated in a newly created room that didn't have a window, radiator or any form of ventilation. When we arrived at Leighswood, the bedroom door was propped open with a table; impacting the effectiveness of the fire door. During our inspection we raised concerns with the provider about whether the room was suitable for the purpose for which it was being used. As a result, the registered manager consulted with the person on the first day of our inspection and they agreed to move to a larger bedroom with a window.
- The smoking shelter contained a large pot which was overflowing with discarded cigarettes and combustible items including Personal Protective Equipment (PPE). A painting was leaning over the pot, which increased the risk of fire spreading, in the event the rubbish ignited. The registered manager rectified this during the inspection.
- Systems in place for safely managing people's medicines were not always effective. One person's records detailed two 'as required' medications (PRN) were prescribed, but administration charts were not available to review and the medicines were not in the medication trolley. We received conflicting information from staff about which medications were still required for this person and whether either medicine should be in stock. This meant the person could be put at risk if they required those medications and they weren't accessible. At the time of inspection, the provider was unable to evidence that the medication was available. However, following inspection, the provider has clarified that the medication was in stock at the service.
- We were somewhat assured that the provider was using PPE effectively and safely. Staff were wearing masks, but during our inspection we observed several occasions where masks had slipped, or were worn below the nose. This meant the masks would not provide an effect barrier to help minimise the risk of spreading infection. We raised this with the registered manager during the inspection who then addressed this with staff.

We found no evidence that people had been harmed, however systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. 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.

- People were receiving their regular medications as prescribed. People's medications corresponded with records to show they were being received.
- Staff who administered medicines had received training and had the skills and knowledge to support people with their treatments. Competency assessments were in place to review staff practice when administering medicines.
- Care plans and risk assessments were in place to guide staff and help monitor people's assessed risks. Staff were knowledgeable about people's individual needs and how to protect them from harm.
- 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 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.

Visiting in care homes

The provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- Staffing levels were maintained at the assessed level to support people safely. However, some staff reported that maintaining staffing levels was sometimes difficult. Some people also told us there weren't always enough staff. One person said, "They are short staffed. They do have a lot of people leave. You always need more don't you?"
- We saw there were adequate staff available to meet people's needs during our inspection. Where people asked for help, they were supported immediately.
- Two staff files showed the staff members had been recruited appropriately. The provider had completed past employment and police checks before the staff members started at Leighswood to make sure they were suitable to work with people.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to identify, report and investigate any safeguarding risks to people. Incidents were recorded and referred to the Local Authority safeguarding team where appropriate. However, we found CQC had not been notified about one safeguarding matter. The registered manager corrected this following the inspection.
- People and relatives told us that people were safe at Leighswood. One person said, "It's alright, I'm nice and comfortable."
- Records showed staff had received safeguarding training. Staff members felt confident to report safeguarding concerns should they arise.

Learning lessons when things go wrong

- Systems were in place for examining when things went wrong and identifying any learning for the service. For example, monthly meetings were held by management to discuss falls at the home and highlight any trends from incidents.
- Records showed complaints were investigated in an open and transparent way. Any learning was taken

forward and the service apologised when appropriate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where there was a reasonable belief a person's ability to make a significant decision may be impaired, a mental capacity assessment was not always completed and documented. For example, no assessments were in place for people who were restricted by the use of covert medication, or subject to constant supervision, through the use of CCTV. This meant people's rights under the MCA had not been upheld.
- In the event there was indication a person lacked capacity to make a decision, the best interests process described in the MCA was not always followed. One person's records showed family had signed to consent on their behalf, when there was no indication the relative had the appropriate authority to do so. Another person's family had been sent a letter informing them of a decision made, rather than seeking to involve them in a best interest decision.
- Initial discussions had been held with people when the provider installed CCTV within communal areas of the home. However, Leighswood accommodated some people temporarily following hospital admissions. The registered manager advised that ongoing discussions about CCTV did not take place as new people came to the home.
- People were not always supported in the least restrictive way. People were prevented from leaving the upstairs areas of the home by coded doors and a coded stair gate. The provider had not considered how this impacted the liberty of people who did not require such restrictions to keep them safe. Following the inspection, the registered manager addressed this for one person who had capacity regarding this issue.

The provider had failed to ensure people's rights were protected. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who were unable to consent to restrictions on their liberty had DoLS authorisations in place. Systems and processes were in place to track the progress of applications and when further authorisations were required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Risk assessments had been completed in relation to people's oral healthcare. However, people's person-centred oral health needs were not considered in care plans. This meant details about people's individual needs and routines were not available to support staff in carrying out this care, in line with NICE guidelines.
- Staff knew people well and could describe people's likes and dislikes. One person said, "They [the staff] are all very good. Yes, they know me well."

Staff support: induction, training, skills and experience

- Staff received an induction, regular training and guidance to provide effective care for people.
- Staff reported the training they had received left them well-equipped to carry out their duties.
- Systems were in place to ensure staff training was continually monitored and updated when required. The area manager reviewed the training needs of staff as part of a monthly audit of the home.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough and were encouraged to make healthy choices. We saw people being supported with food and drinks outside of mealtimes; for example, when a person had chosen to get up later in the morning.
- Staff were knowledgeable about people's individual dietary needs. Where people required a specialist diet, records showed they received suitable food and drink as detailed in their care plan.
- Our inspection took place on a day where the temperature was very high. Staff were attentive in ensuring people were drinking enough. People were given ice lollies and cold drinks throughout the day.

Adapting service, design, decoration to meet people's needs

- The new provider had undertaken renovations of the home to make the environment more pleasant for people. One staff member told us, "It looks better. Just because people have dementia, it doesn't mean they can't have new things. It's looking better now."
- People's doors were personalised with photographs and communal areas had clear signage. This helped people to orientate around the home.
- Some aids and adaptations had been put in place to support people living with dementia. For example, the clock in the living room displayed the day of the week. A sensory board was fitted in a corridor with tactile objects for people to engage with as they walked through the home.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Some relatives told us their loved one's health and wellbeing had improved since moving to the home. One family member told us that their relative had put on weight, seemed to be more alert and back to their usual self.
- A professional who regularly visited the home reported that the staff team were responsive to any concerns and advice. They said, "They are very engaging with us; anything we advise is done."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were relaxed around staff and throughout our inspection we observed positive interactions between people and staff. One staff member said, "I care about the residents; I love my job and I wouldn't change what I do."
- The registered manager explained how they fostered an inclusive culture at the home for both people and staff. For example, monthly training sessions included open staff discussions around subjects such as LGBTQ+. This term refers to lesbian, gay, bisexual, transgender people and others who are part of the community. This had led to some insightful conversations for the staff team.
- The chef kept a list of people's birthdays to ensure everyone received a cake on that date. They told us how important it was to them to make sure people's birthdays were celebrated.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- One person told us how the staff had supported them to maintain their independence. They explained that their health was poor when they first arrived, but it was slowly improving with the support of the staff.
- We observed people being treated with dignity and respect. For example, one person was supported to eat their meal during lunchtime. The staff member sat with them and talked to them about the meal calmly whilst helping them.
- People who became distressed as a symptom of dementia were treated with care and compassion by staff of all levels. We saw staff stopping what they were doing to spend time with people when they needed comfort or reassurance.
- People were given a keyworker who spent time with them and gained their feedback about their experience of Leighswood. People who came to the home on a temporary basis were allocated a staff member who supported them to settle in.
- Feedback was gathered from people through surveys and resident's meetings. This information was then used to improve people's experience of the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Whilst some activities took place at the home, people spent large amounts of time without any form of engagement. This meant people were at risk of social isolation. When asked about what activities were available, one person said "We sit. We did do some exercises at one time or play games. I'd like to go for a walk. I do go sometimes but not very often."
- People and relatives told us there wasn't much to do at Leighswood. One person said, "There's not really a lot you can do here." A relative told us, "I've never seen any activities when I've been there. Everyone was just sitting down."
- The provider showed us records and photos of activities that had previously taken place at Leighswood. These included singing and music, reminiscence activities, and involving people in particular interests such as having their nails done or setting up a train set. The registered manager explained they had recruited an activities coordinator so more activities could be planned in the future.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans and risk assessments identified people's needs and how staff could reduce risks when supporting people. However, the plans lacked detail; particularly for people who were at Leighswood on a temporary basis. For example, care plans did not always contain information about people's histories and what was important to them. The head of care explained that fresh care plans were needed when the new provider took over the service and therefore, they were basic initially. This was because it took time for the team to get to know people and learn their needs.
- Staff were knowledgeable about people's individual needs, likes and routines. One person said, "They try their best, they try to help you."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager explained how the service provided accessible information to support people to make decisions and engage with the service. For example, easy read leaflets were used to help some people with dementia to decide about COVID-19 vaccinations. Feedback questionnaires contained pictures to support people to express their views.

- People with communication needs were supported to make choices. For example, a clear picture display showed meal options on offer. We observed staff showing people different pudding options to help them decide what they wanted.

Improving care quality in response to complaints or concerns

- The provider sought feedback from people, relatives and professionals. Any concerns raised were dealt with and those involved were updated.
- The provider had a system in place to record, respond to and review any learning from complaints received.

End of life care and support

- People had care plans in place to consider their individual wishes, values and beliefs at the end of their lives. At the time of the inspection no one was being supported with end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Quality assurance systems in place had failed to identify the areas of concern highlighted by our inspection. Where audit systems identified shortfalls, actions were not always taken in a timely way.
- Processes for ensuring statutory responsibilities were fulfilled were not robust. Following the increased capacity at the home, the provider had sought to update the statement of purpose but had not made an application to vary the conditions in place. This meant the service had accommodated more people than it was registered for with CQC. In addition, we found one safeguarding matter that CQC had not been notified about.
- Issues highlighted in audits systems were not always actioned promptly. The provider had highlighted the fire floor plan needed to be amended but this had not been completed at the time of our inspection.
- Systems and processes for monitoring the quality and safety of the service had failed to ensure people's rights under the MCA were consistently protected.
- Governance systems were not always effective in ensuring oversight of the safety of the service. This included the issues we identified in relation to fire risks, infection control practices and one person's medication.
- Processes in place had not identified people's care plans did not contain oral healthcare plans in line with best practice.

The provider had failed to implement effective systems and processes to drive the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relatives generally found the new registered manager approachable. Staff felt the registered manager was supportive. One staff member said, "The manager is alright. You can have a laugh and a joke with [them] but [they're] supportive when you need it."
- The management team described how a significant effort had been made to foster a positive culture at the home since becoming the provider. This included working closely with the staff team to focus less on tasks and more on making care truly person-centred. A professional who regularly visited the service described seeing an improvement in the quality and safety of the service.
- The registered manager and area manager worked closely together to monitor the home, reflect on

practices in place and learn lessons when things went wrong. The registered manager said, "We have an open and transparent service, I hold my hands up if something goes wrong. That's one thing we do really well as an organisation."

- The area manager was part of a number of groups and networks and shared any updates or learning with the provider. This helped the management team to keep their knowledge up to date and be aware of any developments in best practice guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were established to seek feedback from people, family and visitors to the service. We saw recent results had been analysed and plans were in place to take action to address the findings.
- Staff meetings and monthly training sessions were held with staff to engage them with the service and identify any issues. Supervisions were conducted so staff could raise any concerns directly with a supervisor.
- Processes were in place to ensure referrals were made to outside organisations as appropriate. For example, support had been requested for people from occupational therapists and dieticians.

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 registered manager understood their responsibility in relation to duty of candour.
- Staff were aware how to raise any concerns if they were to arise and felt confident to escalate their concerns should they need to.

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 11 HSCA RA Regulations 2014 Need for consent Consent was not always sought from people using the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We found no evidence that people had been harmed, however systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not operate effective systems to monitor and assess the quality and safety of the service.

The enforcement action we took:

Warning notice issued