

Lester Hall Apartments Limited

Lester Hall Apartments

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lester Hall Apartments is a residential care home providing accommodation and personal care to 24 people who were primarily living with mental health needs at the time of the inspection. The service can support up to 33 people in individual apartments within an adapted building.

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

People's care plans included detailed guidance and information about measures required to reduce risks. People's safety was not always promoted by staff as some staff had not followed guidance or understood how they should reduce potential risk. People were supported to take their medicines. Medicine records were not always completed correctly or accurately.

Systems to monitor the quality of the service were in place but these were not always effective in identifying where improvements were required. The provider was in the process of implementing more robust systems and processes at the time of our inspection. These had yet to be embedded into working practices to demonstrate they could support sustainable improvements.

People were supported by sufficient numbers of staff who had undergone a robust recruitment process. Staff had knowledge and understanding of reporting potential safeguarding concerns and following infection control procedures.

People's needs and expectations of care were assessed and used to develop a care and support plan. Staff were supported through ongoing training to enable them to meet people's needs. Staff promoted people's health by supporting them to attend routine and specialist appointments and by liaising with health care professionals when required.

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

People were positive about the staff and care provided. They spoke of the caring and respectful nature of staff and how staff considered their privacy, dignity and independence.

Care plans were in the process of being revised and updated to support staff to provide personalised care. People were encouraged to take part in activities and interests of their choice, including going out into the local community. There was a complaints procedure in place and systems in place to deal with complaints effectively. The service provided appropriate end of life care to people.

The management team were aware of their role and responsibilities in meeting their legal obligations. The provider worked with key stakeholders to facilitate improvements, develop the service, and keep up to date

with good practice.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lester Hall Apartments on our website at www.cqc.org.uk.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 21 August 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow-up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not consistently well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lester Hall Apartments

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Lester Hall Apartments 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 inspection

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

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, compliance manager, four care

staff, health and safety officer, administrator and a student on work experience. We also met with the provider and observed care and support provided in communal areas.

We reviewed a range of records. This included four people's care plans and records, and a sample of medicine 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 and governance were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained 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; Learning lessons when things go wrong.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further improvements were required to ensure the service was consistently safe for people.

- Care plans contained detailed explanations of potential risks for people and measures for staff to follow to keep people safe.
- However, there had been an occasion when a member of staff had not understood or followed assessed measures which had resulted in a serious incident between two people using the service. Further analysis of the incident had revealed staffing rotas did not show where staff were allocated to a person to provide one-to-one care to keep them and other people safe.
- The provider had ensured that lessons had been learnt. They had taken appropriate action to ensure staff understood and complied with control measures to keep people safe.
- Staff who we spoke with demonstrated they knew how to keep people safe. For example, supporting people to use walking aids safely and to regularly change their position where they were at risk of pressure areas on their skin.
- The provider ensured health and safety checks were completed and actions taken where required to keep people safe. People had personal plans in place to support safe evacuation in the event of an emergency.

Using medicines safely

At our last inspection the provider had failed to have robust systems in place to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. Further improvements were needed to ensure accurate recordings of medicines.

- Medicines records were not always completed accurately. Stock quantities in the controlled drugs register

were not correct due to errors in staff recordings, although actual stock amounts were correct.

- Medicines administration records (MARs) did not always include a total where medicine stock was carried over from the previous month. This made it difficult to effectively audit these medicines to ensure the correct number of medicines had been administered.
- Medicines were stored safely and staff had received training in administering medicines.
- People's care plans included details of the support they needed to take their medicines, which included any preferences about how people took their medicine.
- The registered manager told us they would implement rotation charts where people had transdermal patches (medicines applied by patch directly to the skin) in line with current best practice.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe using the service. One person said they trusted the staff and told us, "It feels safe here because the staff are always around to help."
- Staff were trained in safeguarding and knew how to report safeguarding concerns to the management team and to external agencies if required.
- People's care plans detailed the support they needed to protect them or others from potential abuse.
- The provider had made appropriate safeguarding referrals where required and worked with outside agencies to ensure actions were taken to protect people from abuse.

Staffing and recruitment

- The provider had ensured staff were safely recruited by undertaking robust pre-employment and identity checks. These included a Disclosure and Barring Service check which helped to support safer recruitment decisions.
- People told us there were enough staff to meet their needs, our observations and records such as rotas confirmed this.
- We received positive feedback about staffing levels and saw there were enough staff on duty to meet people's needs in a timely manner. Staff rotas showed that staffing was consistent.

Preventing and controlling infection

- All areas of the service were clean and free from odours.
- Staff were trained in infection control and followed the provider's infection control procedures. Staff wore personal protective equipment such as gloves and aprons and used correct hand-washing techniques.
- The provider's health and safety officer oversaw infection control and carried out weekly audits of the premises to ensure they met the required standards of cleanliness. The service had recently been awarded five stars for meeting all standards at a recent local authority food safety inspection.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection we found people's records did not provide sufficient guidance or information, or evidence consistent monitoring of people's nutritional needs.
- At this inspection, we found where people had been assessed as being at risk of poor nutrition or dehydration, their care plans detailed the measures staff needed to take to reduce risks. This included soft or pureed diets, monitoring of fluid and food intake and correct positioning of a person whilst they ate.
- Records showed staff were following this information and guidance.
- People told us they enjoyed the food, had sufficient to eat and drink and that they had choices. One person told us, "The cook is brilliant and knows what I like. If I don't want what's on the menu I can have an alternative."
- We observed the lunchtime period and saw that people received the support they required to eat and drink. When one person did not want what was on offer, the staff were able to provide them with an alternative promptly.
- Staff had been trained in responding to choking and information about raising awareness of choking was in the dining room. This had been implemented following the death of a person through choking. This was under investigation at the time of our inspection.

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

- People's needs were assessed prior to them using the service and on an ongoing basis.
- The management team had developed the assessment process to enable them to gain the information they needed for any potential admissions.
- The new assessment form was comprehensive and in line with best practice guidance. It covered people's individual needs, including their culture, faith, age, sexuality and disability.
- The new assessment form enabled managers to undertake a detailed assessment around people's mental health needs. This enabled them to explore where risks to the person or others had been identified to ensure the service was suitable and staff could meet their needs.

Staff support: induction, training, skills and experience

- People told us that staff were trained and knowledgeable to meet their needs. A person said, "The staff are well-trained. They always know what to do whatever happens." Another person said some staff had had specialist training to meet one of their needs. They told us, "They seem to know what they're doing."
- Staff completed an induction and basic care course followed by a wide range of standard and specialist

courses in health and social care. One staff member told us, "Training is an on-going process. If they [managers] see a training need, they arrange for a trainer to come in or provide refresher training."

- Training kept staff up-to-date with developments in health and social care. Staff were attending a course on sepsis on the day after our inspection, and a course on oral healthcare was planned.
- Staff were trained in the use of restraint to support people who presented a risk to themselves or others. Staff were clear that they used this only after all other interventions had been exhausted. People's care plans clearly detailed where this need had been assessed and approved through best interest decisions.
- Staff had not received any formal training in supporting offenders or working with adult survivors of abuse. The registered manager said they would provide this training, so staff could meet people's needs more effectively.
- Staff told us they felt supported to develop in their roles. One staff member told us, "I have good support from managers. I can always go to them with any concerns. They are approachable, responsive and professional; very open in their response."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with a range of agencies to ensure people received the care they needed.
- Records showed staff had made timely referrals in response to changes in people's health or as part of on-going monitoring of their needs.
- People said staff supported them to access healthcare services. A person told us, "If there are any problems with my health I tell the staff." Another person said, "If I need a doctor the staff take me to see one."

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

- The premises were generally well maintained, although we found some areas needed further development to ensure people could access areas independently.
- For example, we observed a person struggling to open corridor doors independently due to the weight of the doors and their mobility. When we raised this with the registered manager, they took immediate action and suitable magnetic closures were fitted shortly after our inspection which addressed this concern.
- People's rooms were personalised and decorated in the way they wanted. People had a choice of communal areas where they could relax, spend time together, or be on their own.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked in partnership with people, family members and health and social care professionals to maintain people's health. This included people's GP's, district nurses and mental health professionals.
- Staff we spoke with were aware of their responsibility to contact emergency health care services where necessary and to inform family members.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's mental capacity was assessed when they first came to the home and where necessary they were referred to the local authority for a formal DoLS assessment.
- Staff consistently obtained people's consent before providing support. Throughout this inspection we observed staff obtaining people's consent before providing support to them.
- The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us most of the staff were caring and kind. A person said, "Some of the staff are fantastic. [Name of staff member] comes in on their days off to do stuff for us and comes in to see me all the time. [Name of second staff member] is an absolute gentleman and a very caring person."
- We saw caring interactions between staff and people throughout the inspection. One member of staff said, "We recognise people's diverse needs, which is also reflected in the diversity of the staff. I leave here with a sense that I have helped people which is important to me."
- We saw that staff had time to spend talking with people, providing reassurance and interventions in a timely manner when people became anxious.

Supporting people to express their views and be involved in making decisions about their care

- People and their representatives or families were involved in making decisions about their care and support.
- People told us staff provided the care and support they needed in line with their preferences and wishes.
- Information about advocacy services was available for people to have independent support to express their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- Some people and staff raised concerns about a minority of staff who they said were 'unprofessional' because they were not always courteous to and in front of the people and other staff. We discussed this with the management team who said they would address it through staff supervisions and training to ensure staff attitudes were always appropriate and respectful
- Staff supported people to maintain their dignity. For example, supporting people to maintain a positive personal appearance and providing support when people became distressed.
- Staff supported people to be independent. A person told us, "I go out when I like. The carers make sure before I go that I'm OK and have everything I need."
- People's records were kept securely in line with the General Data Protection Regulation (GDPR). This meant no-one had unauthorised access to people's personal information.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

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

- The management team were in the process of updating and transferring all care records onto an electronic system. This meant staff had ready access to up to date information and could record care and support provided in 'real time' to support effective monitoring of people's needs.
- People's needs were assessed prior to them going to live at the service. Information from the need's assessment was used to develop a detailed care plan.
- The initial assessment and people's care plans considered their preferences about how they wished to be supported, which included any cultural or religious requirements.
- Staff knew people well and followed guidance in people's care plans around their specific routines and requests. This supported staff to provide personalised care.
- People told us staff were responsive to their needs. For example, providing support when this was asked for or required and respecting people's lifestyle choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were able to explain how they shared information with people who used non-verbal communication. For example, one staff member described how a person's agitation indicated they were unhappy about what was happening, and gestures to indicate their choices and decisions.
- The provider's 'Communications – How we will listen and share information' statement was in the Service User Guide. It made no mention of how people would be given information in a way they could understand. The management team told us they would update this to ensure it complied with the AIS.

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

- People were supported to follow their interests and take part in activities in the wider community to avoid social isolation.
- One person told us, "We play bingo twice a week. We play music. If you want to go out for a walk they [staff] take you out, they might take you to the park or the shop. They have enough staff to do that."
- People were able to go out into the local community or visit friends and relatives independently if they had been assessed as safe to do so.

- People were supported to maintain relationships that were important to them. For example, one person received regular visits from their family and local community as this was important to help them to maintain links with their cultural heritage.
- The member of staff responsible for co-ordinating activities was absent from the service at the time of our inspection. The provider had ensured volunteers continued to come into the service to undertake activities with people and staff were also covering the absence.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they wanted to. A person said, "If I had a complaint I'd see [registered manager] and they would sort things out, or [deputy manager]."
- The provider had systems in place to investigate any complaints, with the outcome, any actions taken, and lessons learned would be recorded.
- The provider's complaints procedure, which was in the Service User Guide, needed updating and improving. It did not comply with the AIS as, in the case of formal complaints, it was reliant on written communication which would not be appropriate for all people using services. It was also incorrect in the way it described the role of the CQC in complaints investigation. The management team told us they would review and update this following our inspection visit.

End of life care and support

- People's care plans included information about how they wanted to be supported towards the end of their lives and their funeral arrangements.
- Staff worked with healthcare professionals to ensure people who required end of life care were comfortable and pain-free.
- If a person died and had no representative able to organise their funeral the home did this for them. They supplied flowers and arranged for the hearse to come to the home so other people using the service could say goodbye to the person.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to have appropriate systems in place in order to monitor the quality of the service effectively to ensure good governance within the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. Quality assurance systems required further development to ensure they were effective in identifying and driving improvements within the service.

- The registered manager was part of a management team which included the provider, a compliance manager and the deputy manager. Key areas of responsibility were yet to be determined. The management team regularly met to identify required improvements and review the quality of the service.
- Audits were undertaken on key areas of the service, such as medicines, care records and incidents. However, these audits were not consistently effective in identifying where improvements were required. For example, an audit of medicines undertaken in September 2019 recorded all areas as compliant. The audit failed to identify errors in recordings.
- The management team had recognised the need for more robust audits and checks and were in the process of establishing an electronic care planning system which would support more effective monitoring of care and support. They were also in the process of changing pharmacists as part of improvements to the management of medicines.
- Staff who we spoke with were confident in their roles and aware of their responsibilities. They felt supported by managers on a day to day basis but lacked formal supervision. Supervision records showed these were infrequent for staff.
- The compliance manager said they were in the process of setting up a programme of staff meetings and supervisions so staff had the support they needed and the opportunity to share their views about the service.

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

- The registered manager and the staff team were passionate about providing person centred care. People were at the centre of their care. The registered manager ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes.
- The registered manager knew all the people using the service well and was involved in supporting them.
- The service had a friendly and open culture, and people told us they found the registered manager and management team approachable and easy to talk with.

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 management team ensured there were systems in place to support compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- Staff described the management team as 'open and honest'. They had discussed and reviewed incidents with staff, recognised where things had gone wrong and taken action to make improvements.

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

- There were limited opportunities for people to express their views about the service.
- People, relatives and staff had been sent surveys asking for their views about key aspects of the service.
- Responses were generally positive. However, where issues had been raised, there was no evidence that action had been taken to address concerns. For example, one comment noted a person had not been able to see a dentist for three months, whilst another wanted more trips out. The management team said they would follow this up
- The registered manager did not hold meetings with people as they told us people did not engage in this forum. Managers operated an 'open door' policy for people to share their views on an individual basis.
- The management team said they would look at other ways of collecting feedback from people to ensure they had a say in the running of the service.
- Staff told us they felt able to share their views directly with the management team and were confident action would be taken if they raised concerns or made suggestions.

Continuous learning and improving care

- The provider was committed to continuous learning and improvement. The management team was working with local authority commissioners to further develop the service. They had responded to their ideas and suggestions; for example, they had implemented changes to the information included within people's care plans.
- The provider and registered manager were working closely with the compliance manager to complete action plans for improvements in order to develop the service.
- The management team attended training and provider forums within the care and support sector. They shared knowledge, experience and discussed best practice and new ideas to achieve the best possible outcomes for people.

Working in partnership with others

- Staff worked with other health and social care professionals to ensure people had the care and resources they needed. Where necessary, staff had training from healthcare staff, so they could assist in meeting people's healthcare needs in the service.

