Care Quality Commission

Leicestershire County Care Limited

Curtis Weston House

Inspection report

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

We carried out our inspection on 7 December 2015. The inspection was unannounced.

The service provides accommodation for up to 44 older people, including people living with dementia and similar health conditions. There were 37 people using the service at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe at Curtis Weston House. This was because staff understood and applied the provider's policies and procedures to guide them on their responsibilities to keep people safe and how to report any concerns on people's safety.

Staffing levels were not always sufficient to meet people's assessed needs.

Summary of findings

People did not consistently receive their medicines as prescribed. Staff did not always evidence that they had followed given instructions when they administered people's medication.

Staff were supported to meet the standards expected from them through training and regular supervision.

People were not deprived of their liberty. Staff sought people consent before they provided care and treatment. Staff understood the relevance of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards to their work. They supported people in accordance to the MCA.

People were supported to have a healthy and balanced diet. They had access to a choice of meals.

Staff supported people to have access to healthcare services when they needed them.

We observed that staff supported people in a caring manner, and promoted people's dignity and privacy.

People felt that they mattered because staff listened to their views and acted on them.

Staff were knowledgeable about the individual needs of the people using the service. We saw evidence that they provided the support that met people's needs including where people behaved in a way that may challenge others.

The provider had effective procedures for monitoring and assessing the quality of service that promoted people's safety and continuous improvement of the service.

Summary of findings

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.

Staff understood and practised their responsibilities of how to keep people safe and report concerns.

Staffing deployment was not always effective to meet people's needs.

People's medication records were not always completed accurately.

Requires improvement

Is the service effective?
The service was effective.

People were supported to have a choice of food and drinks.

People's liberty was not deprived. Staff supported people in accordance to the Mental Capacity Act 2005.

People had prompt access to relevant healthcare services.

Good

Is the service caring?
The service was caring.

People were treated with compassion and kindness.

Staff were knowledgeable about the individual needs of people they cared for.

People's privacy and dignity was respected and promoted by staff.

Good

Is the service responsive?
The service was responsive.

People received individualised care and were supported to take part in a choice of activities.

Care was provided in a person centred manner.

Staff listened to people and responded to their concerns and complaints.

Good

Is the service well-led?
The service was well led.

Staff had a clear understanding of the standards that was expected of them.

Good

Summary of findings

The manager was accessible and open to communication with people using the service, their relatives and staff.

The provider had quality assurance systems were in place to monitor the quality of care and safety of the home.

Curtis Weston House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 7 December 2015. The inspection was unannounced. The inspection team consisted of two inspectors, a nurse specialist advisor and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who used the service, relatives of three people who used the service, a health professional who visited the service, three members of staff including the registered manager. We looked at the care records of five people who used the service, people's medication records, staff training records, three staff recruitment files and the provider's quality assurance documentation.

We spent time observing the care and support that people received. We also used the Short Observational Framework for Inspectors (SOFI) to observe the support staff provided to people over lunch time. SOFI a specific way of observing care to help us understand the experiences of people who were unable to talk to us.

Requires improvement

Is the service safe?

Our findings

People were kept safe from harm and abuse because staff understood their responsibilities to keep people using the service protected from avoidable harm. People told us they felt safe because of the staff who supported them. One person said, "I feel safe with the care staff." Another person said, "I feel safe and confident when they [staff] use the hoist for me."

The provider had policies and procedures in place to guide staff on their responsibilities to keep people safe. Staff we spoke with had knowledge of how to recognise and report signs of abuse. They told us that they would report any concerns to the registered manager. Staff had received up to date training on safeguarding people. We saw from people's records that when safeguarding concerns were raised, staff followed the provider's guidelines to report their concerns. They also liaised with other professionals and took appropriate actions to ensure that the people involved were kept safe.

People were supported by suitable staff. Before staff commenced their employment, the provider completed relevant pre-employment checks and ensured that as far as possible that staff were suited to supporting people that use the service. One way the provider sought to achieve this was to involve people using the service in the recruitment process. A person using the service told us, "I was on the interview panel for the new care staff a while ago. That was good."

Before our inspection, we received notifications and information that told us that people were at repeated risks of falls. At our inspection, we reviewed records of incidents over an eight week period prior to our inspection. We found that fifty percent of the falls in the period we sampled were unwitnessed. We found that staff did not always complete an incident form or update people's care notes after they were involved in an incident. We saw that although staff reviewed people's care plans and risk assessments, the records of one person who had three falls in this period showed that staff did not complete a review of their falls risk assessment. Their records showed that their risk assessment was last reviewed approximately five months before our visit. Although we found gaps in the recording of incidents, we did not see evidence that people were at increased risk of falls. The home was free of clutter on the day of our visit. The registered manager was able to describe the cause of high number of falls for two people and the actions staff took to support them.

We reviewed records that showed that the registered manager reviewed logs of how long staff took to respond to call bells. We also looked at a sample of the logs and saw that staff responded within reasonable time.

The provider had protocols in place to minimize hazards such as fire and electrical faults. People's care records included a personal evacuation plan and a one page care profile. This meant that staff and other professionals such as paramedics would be able to support people safely in the event of an emergency.

People did not all feel that there was always enough staff to meet their needs. One person told us, "If fully staffed, then yes there is enough staff, sometimes it can be short. At night, there are only three staff so in an emergency it can be a struggle. Mostly they cope." Another person told us, "Things are alright but not that good; there is nobody here to take me to the toilet. It upsets me when I can't go." They went on to tell us they did not have access to call bell within their reach in the lounge to request for staff attention. They said, "I wet myself, there's no bell and someone has to call someone for me but the staff are lovely." Another person told us, "Sometimes I have to wait two or three days for a shower." A health professional who visited the service told us, "They are short-staffed sometimes." A relative said, "The staff seem to be alright, I don't feel they are rushed. I think they have enough staff."

On the day of our inspection, we observed that staffing levels were stretched in the morning and early afternoon. We saw that people were left for up to 30 minutes in the lounge without staff support. At that time we saw that people with mobility needs did not have drinks within easy reach. These people waited till mid-morning when staff brought round the drinks trolley before they were given a drink. However, staffing levels improved in the late afternoon and evening and staff checked on people frequently and provided support where required. The registered manager informed us that the low staffing level earlier in the day had been because of staff sickness and the short timescales to get replacement staff to cover the shift. They went on to tell us that the provider had

Requires improvement

Is the service safe?

protocols that sought to ensure that staffing levels were not compromised in the run up to busy periods such as Christmas. We reviewed information from the staff rota which showed that staffing levels were within safe limits.

People's medicines were stored securely and that staff followed safe protocols for administering people's medicines following current guidelines. We observed that only when staff were satisfied that people took their medicines did they prepare medicines for the next person. People told us that they got their medicine on time. One person told us, "I get my medicines when I need them." We reviewed people's medication administration records (MAR) charts. We saw that each person's MAR chart had their photograph and allergy information where known. This reduced the risk of unsafe medication being to a person or medication being given to the wrong person. Where medicines were prescribed on an 'as required' [PRN] basis there was a clear protocol to guide staff for administering the medicine. People's MAR charts were mostly completed correctly following the provider's guidelines. However, we were not assured that staff always followed special instructions on the administration of people's medicines. This was because staff did not record that they followed these instructions. For example, where people had been prescribed pain relief patches staff did not record that they altered the area where they applied the patches. We also saw in two people's records that staff had not recorded if they administered medication or not on two occasions. Although we did not identify that anyone had suffered any negative impact due to this, there was a risk of people not receiving their medicines as prescribed by their doctor. We brought this to the attention of the manager who informed us that they would follow this up with staff to ensure that staff followed the guidelines for medicines administration record keeping.

Good

Is the service effective?

Our findings

People using the service were supported by staff who were skilled and trained to provide the care that met their needs. People told us, "I feel the staff know what to do. They are well trained." Another person said, "The staff are well trained. I have no worries." A relative told us, "Staff seem to know what they are doing, they all seem very capable." Staff told us that they were able to fulfil the requirements of their roles due to the support they received through training and support from their manager. A staff member told us they had access to training and knew what standards of care that the manager expected from them. We reviewed records that showed that staff received regular support in the form of supervision meetings. At supervision meetings staff and their manager can discuss the staff member's on-going performance, development and support needs, and any concerns.

Staff had the skills to communicate and provide support that met people's needs effectively including people with dementia and similar conditions. A person using the service told us, "Staff know me and what makes me tick." We observed that staff had the skills to support people whose behaviour may challenge others. Staff were patient, measured in their approach and applied various communication methods when they supported these people. A person using the service said, "The young ones [staff] are lovely with what they have to go through when they get these attacks. They are very good and very kind with the people." A relative told us, "The staff deal with difficult situations with people very well."

People's care and support were provided in line with legislation and guidance. The Mental Capacity Act (MCA) 2005 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. We checked whether the service was working within the principles of the MCA. We reviewed records that showed that staff had received training in MCA. Staff we spoke with had a good awareness of MCA and Deprivation of Liberty Safeguards (DoLS) and its relevance to their work. The provider had made applications to the local authority for DoLS authorisation for people that required this. We also observed that staff sought people's consent before they provided care or treatment. This was done in accordance to relevant legislation and guidelines.

People were provided with a choice of healthy balanced. People told us that they liked their meals. They said, "The food is always very good." Another person said, "I get enough to drink. I can get water from the water machine and the food is very good." A relative told us, "There is a good choice of food and [person using the service] has put on weight since she came here." The cook was aware of people needs, and provided meals based on people's nutritional needs and their preferences. They told us, "We get to know the residents and we accommodate them where we can." We saw that the cook had prepared a different meal for a person who didn't want any of the options on the menu. They went on to tell us that people contributed to the menu. We observed that at meal times staff provided additional support to people who required this. People's records showed that where required the provider liaised with other professionals to meet people's nutritional needs.

People health needs where met because they had prompt access to health care service. People told us that staff were proactive in requesting medical support. One person said, "They call the GP if I need him, and they let the family know if I'm not well. Another person said, "My son spoke with the staff and the nurse is coming in to see my ears for my deafness." A health professional told us, "They refer patients quite quickly. They are prompt at helping (where requested)." We saw from records that feedback from health professionals were discussed at staff supervisions for any follow up support required from staff. We saw that one person had a high number of falls due to a reoccurring urinary tract infection. The manager told us this was now under control. Their records showed that this person had not had a fall since. Another person who had high number of falls was supported with a new walking frame which was better suited to their health needs. Staff also provided support using assistive technology and increased the frequency of observation the person received.

People did not consistently have access to appropriate spaces that met their needs. National Institute of Clinical Excellence (NICE) guidance states that care managers should ensure environments are enabling and aid orientation. People's bedroom doors were not

Good

Is the service effective?

personalised, and there was no directional signage to communal areas. We observed that some areas were malodorous, had damaged decorations and fabrics on some seats were stained. However, we saw evidence that the provider had started refurbishing areas of the home. New flooring had been installed in some corridors and we saw a lounge had been redecorated and had new furniture. The registered manager told us that malodorous areas were going to have new flooring installed. They also told us that the provider had plans to redecorate people's bedrooms.

Good

Is the service caring?

Our findings

People had positive caring relationships with staff. This was demonstrated through staff interaction with people. We observed that staff treated people with kindness and compassion. We heard friendly conversations which showed that staff knew the people who used the service well. For example, staff asked a person using the service about their relative who was due to visit. When staff supported people, they ensured that they communicated with them. They enhanced their communication by touch, altering the tone of their voice appropriately and ensuring that they were at eye level with people who were seated. A person using the service told us, "This is the best home I have been in, the staff are very understanding and very kind." They went on to say, "Staff are always sympathetic, somebody cares about me." Another person said, "They [staff] are good. They are what they are; carers in every sense of the word. I wouldn't want to go anywhere else because I don't think I can find somewhere where the care will be as good."

On the day of our inspection, we observed that staff reassured people who were anxious and distressed. This was particularly evident with a person using the service who displayed repeated periods of anxiety throughout the day.

We observed a handover session that occurred in between shifts. Staff shared information about people's care and welfare. We observed that staff were knowledgeable about the needs and preferences of the people using the service. Staff discussed people needs in a person centred manner. Where people had chosen to stay in bed or to get up later this was commented on. For example, when discussing the needs of one person who had chosen to stay in bed, a carer who was about to start their shift commented that this was the third day the person had stayed in bed. They said that staff then needed to make sure that although this was the person's choice that this was monitored to ensure that the person did not become isolated. This meant that staff were also able to use information shared and their knowledge of people to respond quickly to their needs. Handover sessions enable staff to provide seamless and consistent support to people irrespective of which staff was supporting them.

People, their relatives and other professionals were involved in planning their care. People's care plan included information which showed their involvement and agreement to the care and support plan. A person using the service told us, "My wishes are always respected by staff."

People were treated with dignity and respect. A person using the service told us, "Staff always treat me with dignity and respect. They always knock on the door before they come into my room. They don't make you feel uncomfortable." We observed that staff were discreet when supporting people with their care needs. We also observed that staff knocked on people's doors and identified themselves before they entered the room. The provider stored people's information securely. Only people who had authority to access people's information had access to people's care plans and other relevant information.

People's family and friends visited them without undue restrictions. The provider told us in their PIR that they had an unrestricted visiting policy and encouraged visitors to be involved with activities within the home in order to foster an inclusive and caring atmosphere. They told us that they ensured that people had access to appropriate spaces to enjoy time with their visitors. Relatives that we spoke with confirmed that this was the case. They said staff were friendly and made them feel welcome when they visited. One relative said, "We can visit any time and take her out, we just need to tell staff." A person using the service told us, "My family visit regularly."

Good

Is the service responsive?

Our findings

People received support that was centred on their individual needs. People's care plans included information such as where they were born, their interests, their family, likes and dislikes. Staff applied this information to support people in a person centred way to help people to feel they mattered.

People were supported to follow their faith. We saw that people had access to religious literature they required. A person using the service told us that they were able to listen to their religious services via a phone link because they could no longer attend the service.

People were supported to engage in social activities and maintain relationships with other people so that they did not become socially isolated. They told us that staff supported them to engage in activities that interested them. A person using the service told us, "I did ask for more activities at the last meeting, and we have been making Christmas cards. I like doing word searches and in the summer it was lovely, I was doing a bit of gardening." Another person said, "We have activities Wednesdays, Thursdays and Fridays, and we do quizzes, bingo and dominoes." A relative told us, "They have activities that are quite varied." Another relative said, "Occasionally, they take [person using the service] out to the café with one to one care staff which is really nice." However, they went on to say that "They [people using the service] could do with more physical activities. I have mentioned this but nothing has happened so far."

People and their relatives told us they were comfortable to make their views and any concerns known, and they were confident that they would be listened to. One person told us, "Yes, I speak my mind definitely! The girls [staff] are helpful. If they say ten minutes, they will be back in ten minutes." Another person told us, "Staff are very good and they do listen. Staff listen to me if I raise any concern. I have not made any formal complaints but just a few concerns and these have been dealt with. For example, the laundry person was away and they got behind on the laundry. I spoke with the manager and things improved." A relative told us, "Things are very good. We do sometimes get the odd problem but [person using the service] is very independent and they soon sort things out." Another relative said, "Things are good now. [Person using the service] is in her third room, she is safer. They responded to our request to move her to a more suitable room after she had falls."

A relative told us, "I have not been asked my opinion about the care. I have not received a questionnaire. I am not aware of any meetings held at the home. I have not been asked about my father's care." The registered manager told us that the provider used a central system to send out questionnaires and that they had no returns for the questionnaires sent out in the current year. They said that the provider was in the process of introducing a new online method of gathering people's views. We reviewed records which showed us the residents meeting was last held in July 2015. The registered manager told us that they found that the meetings were not a successful method of engaging people to express their views. They told us that staff had moved on to having one to one discussion with people. We saw records that showed that people had frequent one to one discussions with staff. However, these records did not include details of what people been discussed with staff. The registered manager told us that they would follow these up with staff so that they would be more detailed in recording people's views.

We reviewed the provider's complaints documentation and saw that the registered manager responded to people's complaints appropriately and within prompt timescales.

Good

Is the service well-led?

Our findings

There was a culture of transparency within the service. The provider told us in their PIR that the ethos underpinning the values at the home was transparency, fairness and openness. People, their relatives and staff that we spoke with agreed that there was an open culture within the service. They told us that they could approach the manager freely. A person using the service told us they felt the manager was very approachable. Another person said, "I know the manager, she is very good." A relative who was visiting told us, "The manager is approachable and the staff are really friendly, and they are like that all the time." A member of staff told us, "I think the manager is good and runs the home in the best interest of the people who live here." Another staff member said, "The manager is always here and she always has time for you." This enabled staff to address issues promptly when these arose.

The service had a registered manager. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission. They carried out thorough investigations of incidents that staff reported, and worked with the local authority where required to investigate such incidents.

The registered manager was supported in their role by the area quality manager to provide a good quality of care that achieved positive outcomes for people using the service.

The registered manager supported staff to meet the standards they expected of them. They did this through supervision, appraisals and training. Senior staff completed competency checks to ensure that people received a high quality of care from staff. A person using the service told us, "I think the home is well run. All staff understand what they are doing. I couldn't think how the home could be improved." A relative said, "I think it is a well-run home. I have no complaints about [person using service]'s care."

On the day of our inspection after the busy morning period settled, we saw that the staff settled into a routine and appeared aware of what was expected of them. The manager and senior staff were accessible and responsive to care staff who sought their advice or support.

The provider had effective procedures for monitoring and assessing the quality of the service. These included quality assurance audits of people's care and support and the general maintenance of the building and equipment. The registered manager completed these audits monthly. These when then further reviewed by the area quality manager. All the audits we reviewed were up to date. Where the audits had identified issues, a plan was created and relevant maintenance was being completed. We also saw evidence that the required items identified had been ordered.

The provider was in the process of developing a new system to seek the views of the people using the service and that of their relatives in the development of the service. The provider expected this to be implemented next year.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

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