

Lester Hall Apartments Limited

# Lester Hall Apartments

## Inspection report

15 Elms Road  
Stoneygate  
Leicester  
Leicestershire  
LE2 3JD

Date of inspection visit:  
23 February 2021

Date of publication:  
17 March 2021

Tel: 01162745400

Website: [www.lesterhallapartments.co.uk](http://www.lesterhallapartments.co.uk)

## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Lester Hall Apartments is a residential care home providing accommodation and personal care for people living with mental health needs, including those living with dementia. The service can support up to 33 people in one adapted building.

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

Staff were not always safely recruited into their roles. Some staff did not have risk assessments in place where there had been information of concern on their police Disclosure and Barring Service (DBS) check. The provider took immediate action to rectify this.

The culture of the service was not fully person-centred as some people had a perception that some staff were employed as 'security staff'. This could cause some people to feel fearful or uncomfortable and could have a negative impact upon their mental well-being. We have made a recommendation about embedding a person-centred culture for everyone living in the service.

Not everyone who showed distressed behaviours had a positive behaviour support plan in place but care files were person centred and people had a range of care plans in place which were reviewed regularly. Staff had guidance on how to provide safe support to meet people's needs.

Care staff and one to one workers received appropriate training for their roles to ensure they could fulfil their roles and responsibilities.

People who received one to one support spoke positively about the care they received. We observed positive relationships and interactions between people and staff.

People were supported to have maximum choice and control of their lives 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

An inspection to examine infection prevention and control took place in December 2020 which led to a rating of inspected but not rated. The previous rating was requires improvement (published 17 October 2020.)

The overall rating for this service remains requires improvement.

### Why we inspected

We undertook this targeted inspection to check a specific concern about whether all staff were trained appropriately for their roles. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and responsive sections of this report.

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](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection priorities. 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?**

At our last inspection we rated this key question inspected but not rated. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service responsive?**

At our last inspection we did not inspect this key question. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Lester Hall Apartments

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check a specific concern about whether all staff were suitably trained for their roles.

#### Inspection team

This 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.

A new provider had taken over the service several days before the inspection visit. They followed up immediately on issues brought to their attention during the inspection.

#### Notice of inspection

This inspection was unannounced. We called the service ten minutes before entering the building to discuss any risk factors associated to COVID-19.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including information from the local authority. The provider was not asked to complete a 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 to four people who used the service about their experience of the care provided. We spoke with two providers and ten staff which included the deputy manager, compliance manager, two under deputy managers, care staff and domestic staff.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment. We looked at training records. We also looked at the logs and processes of physical intervention and incident and accidents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed information submitted by the provider confirming follow up actions and risk assessments which had been put in place.

# 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 inspected but not rated. At this inspection this key question has also been rated as inspected but not rated. We have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern about whether all staff were suitably trained for their roles.

### Staffing and recruitment

- Not all staff were safely recruited. Some staff had information on their DBS police check which was of concern, for example, a previous conviction for an offence. There were no risk assessments in place to demonstrate the risks had been assessed and measures put in place to mitigate the risk. This meant we could not assured all staff were suitable to work with people using the service. The provider took immediate action to review all staff files and provided evidence of action taken following their review along with copies of risk assessments put in place where needed.
- All staff in the service received the same training. This meant staff had sufficient and suitable training to undertake their roles appropriately. This included training in ethical care control and restraint (ECC&R), safeguarding, infection prevention and control, mental capacity, mental health awareness and equality and diversity.
- Some people living in the service had a perception that some support workers were employed as security staff. One person who received one to one support told us, 'I know they are really security staff. [One to one staff name] is really good. We get on really well'. Records, feedback and our observations confirmed the all staff followed the same processes and procedures. We found no evidence of concern about the direct support offered to people living in the service.
- Some staff had previous experience working in other roles prior to working in Lester Hall Apartments. However, all staff were aware of their care and support role in the service. One staff member told us, "I am confident in working in care, the training was good, it is a care job, not related to [security]." Another said, "I was offered a job here as a carer. I was fully trained in care. I really enjoy it. [Resident name] said to me the other day, 'I really like working with you', it made my day. I know it's my job to be caring and to get to know [name]. We have a good laugh."

# 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 inspected but not rated. At this inspection this key question has also been rated as inspected but not rated. We have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern about whether all staff were suitably trained for their roles.

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

- Some people living in the service had a perception that some staff were employed as 'security staff' even though they were trained and worked as care staff. Some people may have been frightened for their own safety or the safety of others if they believed security staff were required in the building. For some people this could have a negative impact upon their mental well-being and emotional welfare. This did not promote a person-centred culture.

We recommend the provider follows best practice guidance to embed a person-centred culture for everyone living in the service.

- Not everyone who showed distressed behaviours had a positive behaviour support plan in place. Information was available in other care plans and risk assessments which set out what the distressed behaviours were likely to be and what the early indicator signs were. This meant staff knew what to look for and had an opportunity to support the person to calm down before a situation escalated. There was also person-centred guidance available in the records on how staff should respond if a situation could not be diffused.
- People had a range of care plans in place setting out their care and support needs. These were person centred and set out people's likes and dislikes, interests and how they preferred to spend their time. Care plans also set out how people were to be supported doing activities in the community and maintaining relationships with family and friends. Care plans were regularly reviewed and updated which meant staff could provide safe care which met people's current needs.
- Where people received one to one support, staff were matched as far as possible according to personalities and similar interests. For example, one person enjoyed video games and watching movies and so did their support worker. We saw staff knew the people they supported well and had developed positive professional relationships with them. One person told us, "We get on really well. I have developed a friendship and a bond with my one to one staff."
- All staff responded appropriately to incidents of distressed behaviour which, at times, required physical intervention to keep people and those around them safe. We saw these were recorded, followed up and monitored. Some improvements were needed to incident recording processes but staff were aware of what to do when an incident took place and records confirmed this.



