

# Leicestershire County Care Limited

## Huntingdon Court

### Inspection report

Regent Street  
Loughborough  
Leicestershire  
LE11 5BA

Tel: 01509217474

Date of inspection visit:  
01 May 2018  
02 May 2018

Date of publication:  
20 June 2018

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected the service on 1 May 2018. Our inspection was unannounced. We returned on 2 May 2018 and this was announced.

Huntingdon Court is a residential care home that provides care and support for up to 43 older people. At the time of our inspection 37 people were using the service and many were living with dementia.

There was a registered manager in place. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. Staff understood their responsibilities to keep people safe from avoidable harm. The provider had followed safe recruitment practices. Staff were not always deployed in the most effective ways to provide people with the support they needed particularly during the busy morning period.

Where risks were identified for people while they were receiving support these had been assessed and control measures put in place. People received their medicines in line with their prescription.

Staff had access to the support, supervision and training that they required to work effectively in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People had enough to eat and drink to maintain good health and nutrition. People were supported to access health professionals when required.

Staff treated people with dignity and respect and supported them to be as independent as possible.

People had care plans in place that focused on them as individuals. This enabled staff to provide consistent care in line with people's personal preferences.

Activities were limited and people did not feel they received enough stimulation.

The service had a positive ethos and an open culture. Staff felt supported by the registered manager to meet the standard expected of them. The registered manager was approachable and accessible to staff and people.

The provider had sought feedback from people and their relatives about the service they received. They had

taken action based on this feedback.

The registered manager had implemented systems to monitor the quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff understood and put into practice their responsibilities to protect people from abuse and avoidable harm.

The provider operated safe recruitment procedures. Staff had the skills and knowledge but they were not always deployed effectively at breakfast time and people had to wait.

People were supported to take their medicines by staff who were trained in safe management of medicines. Storage of medicines was safe.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who received training and had the necessary knowledge and skills.

Staff received regular guidance and support.

People were involved in making their own decisions where they could. Staff asked people for consent before supporting them.

Staff understood people's nutritional requirements. People had access to drinks and snacks throughout the day.

Staff supported people to access health services when they needed them.

### Is the service caring?

Good ●

The service was caring.

Staff were attentive to people's needs.

They communicated well with people whilst supporting them.

People were not feel rushed when receiving support.

Staff respected people's privacy and dignity when providing care and support.

### Is the service responsive?

The service was not consistently responsive.

People were not always supported to participate in stimulating activities.

People received care and support that was centred on their personal individual needs.

People knew how to make a complaint if they felt they needed to.

**Requires Improvement** ●

### Is the service well-led?

The service is well-led

People and their relatives felt that the service was well led.

Staff felt supported by and were clear about their role and responsibilities.

Systems were in place to monitor the quality of the service being provided and to drive improvement.

The registered manager was aware of their legal responsibilities.

**Good** ●

# Huntingdon Court

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 1 May 2018 and was unannounced. We returned announced on 2 May 2018. The inspection team consisted of one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Experts by Experience had personal experience of caring for someone who uses this type of care service.

We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed all the information we held about the service. This included concerns received about the service and notifications we had received from the provider. A notification is information about important events and the provider is required to send us this by law. We reviewed the provider's statement of purpose. A statement of purpose is a document that describes the facilities and services, what people can expect to receive and the provider's philosophy of care; visions and values.

We contacted the local authority who commissioned services from the provider. We also sought feedback from Healthwatch Leicestershire (the consumer champion for health and social care.)

We spoke with eight people who used the service and four relatives or friends. We observed interaction between staff and people who used the service during our visit. We also spoke with three members of care staff, a senior, a member of the housekeeping team, the cook, the activities organiser, the registered manager and area manager.

We looked at records and charts relating to six people and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance

audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

People told us they felt safe. One person told us, "Oh yes, it's the care staff makes you feel safe, the way you are looked after." Another person said, "I feel safe here. They do nearly everything for me." We did observe a person enter another person's room uninvited. They became aggressive to the person whose bedroom it was. The person called staff and the situation was diffused by the staff member by gently encouraging the person back to their own bedroom. They then returned to ensure the person who had been recipient of the unwelcome attention was unharmed. Relatives told us they felt their loved ones were safe at Huntingdon Court. One relative said, "[Person] is safer here than at home. [Person] has the 24hr care I could not provide." Another relative commented, "[Person] has carers around them all the time. When they first came they tried continually to get out of bed but [person] has never had a fall they always caught them."

Two people commented to us there are some people using the service who could become agitated. One person told us, "There are two residents, you get the impression they are very advanced with dementia. Only, when you actually pass them they can strike out and there's one if they feel that way they can block the door where I want to go." We raised this with the registered manager and they told us that the person's care plan reflects their needs and staff understood the need to diffuse any situation that may arise to ensure people were safe.

The provider had a procedure for reporting abuse, which was available to staff, so they knew their responsibilities. When we spoke with staff about people's safety and how to recognise possible signs of abuse, these were clearly understood. Staff were confident about how they would report any allegations or actual abuse. They also felt confident that the provider and registered manager would take any allegations seriously and follow them up appropriately.

The provider had systems in place to respond to accidents and incidents. We saw that when an incident or accident occurred, staff offered the required support.

Risks associated with people's care had been assessed and reviewed. Where people were at risk of not having enough to eat and drink there were assessments in place. These risk assessments provided staff with information on the type of support each person required. Staff were aware of people's care plans and those people who were on food and fluid charts. Weight records identified where people had lost weight and what action had been taken. This included contacting the GP and making referrals to the dietician or speech and language team.

The recruitment process ensured that staff were suitable for their role and people felt staffing levels were responsive to people's needs. One person said when we asked how long they had to wait before staff responded to their call bell, "Usually about 5 minutes." Relatives we spoke with also felt generally there were enough staff. One relative said, "Sometimes on the odd weekend where we felt they were a little bit short but I don't think it's happened for a long time. Most times there are plenty of staff on duty."

The registered manager assessed people's dependency levels. This information was used to ensure



sufficient staff were employed to meet people's assessed needs. The rota showed that the number of staff on duty was what had been deemed necessary to keep people safe.

We did note on the second morning of our inspection that people in the dining room were only supported by one member of staff and the cook in the kitchen. This meant that when people wanted their breakfast the staff member did not always have time to find out what the person's choice for that day was. When people were ready to leave the dining room but needed support they had to wait for quite a long time. One person asked to be taken through to the lounge waited for over 20 minutes. Another person who did not want the breakfast that was originally provided was not served for over 45 minutes. We discussed this with the registered manager. They told us they were aware of this problem. They showed us they had been trying to recruit an extra person to assist at breakfast times but had so far not managed to recruit anyone. As a temporary solution the registered manager had arranged for the kitchen assistant to start work at 9 am when the majority of people came through for breakfast. They said they would look at how they could deploy staff more effectively until they could recruit someone.

People received their medicines when they required them. One person told us, "I get my medication night and morning and they watch me take it. I have been told what it's all for, but can't remember some of it." Another person said, "I have to have eye drops twice a day now, so they do that for me as I can't manage it myself." We saw that people's medicines were stored correctly and there were safe arrangements in place for ordering and disposing of medicines. Where people had 'as and when required' medicines such as pain relief, there were clear instructions to guide staff. The registered manager told us they used an electronic recording system and found this very good for monitoring and auditing to ensure people received their medicines correctly. The system identified if people had not received medicines and the registered manager was able to follow this up to look at the reasons.

## Is the service effective?

### Our findings

People received care and support from staff members who had the required knowledge and skills. People told us they thought staff had the skills they needed to care for them. We received comments such as, "They seem to know what they are doing." And, "I have no complaints."

New staff were supported through a period of induction where they spent time 'shadowing' more experienced staff and familiarising themselves with the needs of each person who used the service. A staff member told us, "I felt my induction helped me understand what help people needed. I was given time and could read their [people's] care plans to give me more information. Overall it was good."

Staff were able to demonstrate how they applied the variety of training that they received. One staff member told us, "I've learnt so much in training. For instance how to wash my hands properly in infection control. We get a training guide each month that shows us what training needs to be done. It's kept in the manager's office and staff room."

Staff received guidance from the registered manager about their role. A staff member told us, "We have regular supervision and appraisals. We can speak to a senior, deputy or manager if we need to. There's always someone around if we need some advice."

People had access to a choice of meals, snacks and drinks. One person told us, "I like the food here. I always get second helpings if I ask. There's more than enough. I don't go hungry." Another person commented, "Generally speaking it is good. There are times when something is not as it should be, if it gets cooked too much or not enough. You speak about it to one of the team leaders."

Picture cards identified menu choices on the wall in the dining room and we saw they also had a set of cards for people if they could not understand what was being offered as a meal choice.

Staff provided the support that people required with their meals, asking permission to put clothes protectors over them. Staff were aware of and provided suitable meals for people's specific dietary needs such as soft diets. A staff member said, "If someone is on a soft diet we have that information in their care plan." The cook told us they were given information about people's dietary needs when they arrived at the service. We saw this information was available in the kitchen ensuring the cook was able to provide meals suitable for people's dietary needs.

People had access to a variety of drinks and snack during the day. There were drinks dispensers located in the dining room and various lounges. A drinks trolley providing people with hot drinks and biscuits was also available during the day. Staff encouraged people to drink and eat throughout the day. This meant where people were at risk of dehydration staff were able to monitor and encourage them to drink more fluids.

People were supported in accordance with The Mental Capacity Act (MCA) 2005. 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 saw that staff recognised that people had the right to make their own decision unless it was proven that they required support with this. People's records included information to remind staff not to assume that a mental health diagnosis affected a person's ability to make an informed decision.

The application procedures for this in care homes are called the Liberty Protection Safeguards (LPS). The staff team had received training in MCA and LPS and they understood their responsibilities around this. One staff member explained, "It's if someone has no capacity to make decisions about what is safe. We make sure we make decisions that are best for them." Care plans showed that capacity assessments were taking place and looked at people's ability to make decisions.

People had regular access to healthcare professionals and staff were aware of changes in people's health. People told us that they were able to see GPs, district nurses and opticians when they needed. One person told us, "The Chiropodist comes every so often and does my toenails and my fingernails." Staff were able to give examples of how they would recognise people's changing health needs. One staff member told us, "We know people very well so if they become a bit quiet or sleepy that may show they aren't feeling too well." Another staff member said, "We just know. For example, [person] wasn't too good the other day so we kept an eye on them and decided that they needed to see the doctor. We would tell the senior, it gets passed on at handover and if the senior feels a GP needs to be called they would do it."

Huntingdon Court is a purpose built service and part of a provider group called Leicestershire County Care. It has wide corridors and doors enabling people who use a wheelchair easy access around the service. Some areas had been refurbished. Corridors were themed and reflected the interests of people who lived there. For example one corridor had pictures of trains as a person had worked for the railway and another corridor had pictures of rural scenes as a person had been a farmer. This provided people with things that were familiar to them.

## Is the service caring?

### Our findings

People told us the staff team at Huntingdon Court were kind and caring and they looked after them well. One person told us, "They (staff) are pretty good here, they look after me well." Another person said, "I like (staff), they look after me well and are very kind to me. I know I can count on them." Relatives also spoke positively about staff. One relative said, "Staff are all very kind to [person] and I always get a welcome when I visit." Another relative commented, "The staff work well together as a team. Some are more confident than others and some are new. The ones that haven't fitted in soon leave, but everyone here is caring I think."

Staff we spoke with told us they were enough staff on each shift so they could spend time talking with people not just carrying out tasks. We observed the staff team supporting people and saw that support was carried out in a caring way, including chatting with the person.

People's privacy and dignity was respected. Staff were discreet when people needed assistance. Reassurance was given to people if they became anxious and distressed. Staff responded promptly, calmly and sensitively. They offered reassurance and explanations during any support such as assisting someone to stand. Staff also ensured they connected with people by getting down to the person's eye level and gently touching their hand. Staff were able to describe how they supported people to maintain their dignity. One staff member told us, "We put a note on the door to let other staff know we are in with someone and we close the door and curtains. If I am assisting in personal care I always cover the person up with a towel so they don't feel exposed."

People were supported to express their views and be involved in decision making about their care. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives, for example if they wanted any snacks and where they wanted to sit. A staff member said, "I would knock on the door and wait for them to call me in. I enter and greet them let them know who I am. I ask them if they are ready to get up. If they aren't I would go back later."

People's friends and family were able to visit them without any restriction. All of the relatives and visitors we spoke with told us that they visited regularly and were always made to feel welcome. One visitor said, "They always ask me if I want a drink."

## Is the service responsive?

### Our findings

The home had an activity programme and employed an activity organiser. People gave a mixed response to the activities on offer. When we asked a person about the activities they told us, "Not very much, mostly I go walking at the end of the garden." Another person told us, "I have done seated exercise which is good, but it doesn't seem to happen as often now and when [activity organiser] is off, there is no activity." We were told that if the activities person was on holiday no activities took place at all. A relative commented, "It's a shame there are not more activities to stimulate [person]. [Person] has always had a good mind." Another relative told us, "[Staff member] likes stimulating the residents. They use a softball, throwing at a resident and they will throw it to someone else and so on. They have singing, coffee mornings, garden parties and barbecues."

People told us they enjoyed going out on trips but as the service no longer had access to a minibus they relied on staff using their cars. One person told us, "I do enjoy going out on the trips but we can only go out in cars, so I can't always go." Another person said, "I would like to go out on more trips. I couldn't go on the last one because I need my wheelchair and there wasn't room in the car."

A staff member told us, "We have used a minibus in the past, but the manager said it was too expensive, so we go in our cars now which limit the numbers and some in special wheelchairs don't fit in cars." A staff member also commented, "There are a large number of residents here with varying needs and I don't get as much time with them all as I would like. Some (residents) really need more one to one time and I would love to take them out more, but I can't."

From our observations we saw that staff missed opportunities to engage with people in a meaningful way as staff were focussed on tasks. This meant people were not being protected from isolation. The registered manager told us after the inspection that there were organised activities. For example, an Easter Bonnet competition and visiting entertainers such as a ukulele band.

We noticed during the morning, in the downstairs lounge, both televisions were on quite loud and were showing the same programme so they seemed to be echoing through the area. It was not clear if anyone was watching the programme. They were left on at this sound level even when people went into the dining room for lunch and the lounge was left empty. This meant people were not given the opportunity to choose whether they had the television on or listen to music instead.

People told us they could spend their time as they wished and staff knew their likes and dislikes. Care plans identified people's preferences. Staff told us they were able to update people's care plans easily and regularly as they now had access to information via a mobile care monitoring system. We saw staff throughout the day consulting these devices.

Before people moved into the home, the provider carried out a pre-admission assessment. A care plan was developed from this information. Not all the people we spoke with could recall being involved in their care plan. It was not always clear when a person or their relatives were involved in the reviews. However, relatives told us they had been involved in both the development and review of their loved one's care plan. One

relative told us, "Yes, we were (involved) and we were given some paperwork to complete because they wanted to know [person] history." Another relative said, "We had one (review) when [person] medicines changed and there were some issues."

The main care records were in an electronic format. Staff were also able to access the system remotely using electronic devices to make entries. There were supplementary files, which contained the DNAR (Do not attempt resuscitation), hospital letters and emergency grab care plan containing key information should the person need to be admitted to hospital. These records were stored securely in the office. We were told by the registered manager and staff that they liked the electronic system as it was quick to update and review allowing them to spend more time with people living at the service. The registered manager told us that the system also allowed them to set alerts to remind staff to put cream on people or to carry out certain tasks. This meant, people would receive the support they needed in a timely manner.

People's views, beliefs and values were respected. For example, people were supported to follow their faith. Staff told us how they met individual needs of people with a range of religious beliefs, for example relating to individual spiritual support, dietary requirements and personal care. A staff member told us, "I take a resident to Church in Loughborough." A person told us, "Oh yes, I can go to church when I want to."

People were supported by staff to maintain their personal relationships. This was because staff understood people's life history, their cultural background and their sexual orientation.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager showed us menus were provided in a picture format.

People and their relatives knew how to make a complaint or to raise a concern should they have needed to. The provider's complaints procedure was available and on display throughout the service. People told us they knew who to complain to if it was needed. One person told us, "I feel I could put it in a nice way and it would be taken seriously. "

## Is the service well-led?

### Our findings

People and their relatives were happy with the service they received. A person told us, "The manager and the staff are all very kind here and I can talk to any of them." Another person said, "The manager is approachable."

The service had a positive ethos and an open culture. A relative said, "It's very open door, whenever you call, you are made welcome. It's really amenable and versatile, it is open and transparent." Another relative told us, "You only have to ask something and they will always try and get you an answer quickly." A staff member said, "[Manager] is very approachable, very knowledgeable. There's respect for the carers. [Manager] will listen to us. We can contribute in meetings if we think things can be improved." Another staff member told us, "[Manager] is firm but fair. They are very supportive and will support with lots of training. We are encouraged to speak in team meetings."

Staff had a clear vision of what the service should be. Staff comments included, "We here to promote a high standard of care." And "To care for people with different needs." Staff told us they were well supported by the registered manager through regular supervision, appraisals and team meetings. A staff member told us, "I get on well with the manager and feel that they listen to me. I have supervision every two months and they offer training to improve skills." They added, "I do enjoy coming to work here. It is a nice place to work."

The registered manager and provider were meeting their conditions of registration with CQC. We saw our last inspection rating was displayed so our most recent judgement of the service was known to people and their relatives. Where a significant incident had occurred within the service, the registered manager had informed us so we could check the required action had been taken. This showed that the provider was open to sharing information with others and knew their responsibilities.

The provider had monitoring systems in place to check the quality and safety of the service being provided. The maintenance person carried out routine checks on the safety of the premise and the equipment. Other audits included areas such as medicines, incidents and accidents and the environment. Where issues were identified the registered manager put action plans in place to address these. These were reviewed to ensure the necessary action had taken place. All audits and any actions identified with timescales for completion were also reviewed by the area manager as part of their quality overview of the service.

People and their relatives had been asked for their feedback on the service that they received. One relative said, "Yes, we had a little questionnaire six months ago." The provider analysed the results of the surveys and copies of the results were made available for people and their relatives to read. Where changes were made as a result of suggestions these were highlighted. For example where areas of the service were decorated or improved. People and relatives told us they knew they could speak with the registered manager at any time. A relative told us, "[Manager] knows if there was a problem we would go in the office and feel comfortable enough to do that."

The registered manager collaborated with external agencies such as the local authority or healthcare

professionals in ensuring people received the support they needed.