

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 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 for people living with mental health needs, including those living with dementia. 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

Identified areas of risk in relation to people's support needs did not always have supporting risk assessments in place to keep them safe. One person did not have detailed plans of care telling staff how to keep them safe from harm. People's risk assessments had not always been reviewed and updated regularly. This was being addressed by the compliance manager.

Quality assurance systems were not always effective at identifying any areas of concern for example, they had not identified and addressed the missing risk assessments and person-centred care plan for one person using the service. People's views about their care and the running of the service were sought through meetings and satisfaction questionnaires. This needed to be strengthened so the provider could demonstrate that changes had been taken to address concerns raised.

People and their relatives felt Lester Hall Apartments was a safe place to live. Staff we spoke with had completed training in safeguarding vulnerable people from abuse and understood how to recognise abuse.

Sufficient staff were available to provide a timely response to people and provide safe care. Staff had been employed following robust recruitment checks. The provider had followed their recruitment procedures to ensure staff were recruited safely.

The service had sufficient and safe infection prevention and control measures in place. Government guidance in relation to COVID 19 had been followed by staff. People's medicines were safely managed, and they received their medication as prescribed. The provider ensured that lessons were learned when things went wrong, so that improvements could be made to the service and the care people received.

There were two registered managers in place, one of whom was also the registered provider. People and staff felt confident about the leadership of the service and described both registered managers as respectful, professional and responsive. Staff felt well supported and able to raise any concerns they may have. They were confident that any concerns raised would be dealt with appropriately.

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

The last rating for this service was Requires Improvement. (published 21/11/2019)

### Why we inspected

We received concerns in relation to people's care and support needs. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

We reviewed the information we held about the service. No immediate areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

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 request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two inspectors and an expert 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.

#### 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 two managers registered with the Care Quality Commission, one of whom was also the registered provider. 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

We gave a short period of notice for the inspection because we wanted to be sure the provider had an Infection Control procedure and Covid 19 risk assessment in place. We did this so we could adhere to their policies and follow government guidelines in relation to social distancing.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection as well as recent safeguarding concerns that had been raised. We sought feedback from the local authority and other

professionals who worked with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people using the service and five family members by telephone on 8 October 2020. We had discussions with seven staff that included the provider and registered manager, the compliance manager and health and safety manager. We also spoke with a cook and three care staff.

We reviewed a range of records. These included four people's care records and risk assessments. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service including quality assurance checks, staff rotas, safeguarding information and accident and incident information.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 the same. 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

- For most people there were detailed risk management plans in place to keep them safe. However, we saw risk assessments for one person's identified risks were not in to keep them safe.
- Most people had personalised care plans telling staff how to keep them safe from harm. However, this was not in place for one person using the service.
- People's risk assessments had not always been reviewed and updated regularly. The compliance manager told us they had already identified this and had put plans in place to address the shortfall.
- Systems were in place to ensure equipment and utilities at the service, including moving and handling equipment, electrical installations, gas and water, were safe and properly maintained.
- Plans were in place to ensure people were supported in the event of a fire or other emergency. The providers fire risk assessment had been reviewed and updated.

Following the inspection the compliance manager sent us a copy of the care plan and risk assessments which were detailed, specific to the person's needs and were person centred.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt Lester Hall Apartments was a safe place to live. One relative told us, "I feel [family member] is 100 percent safe here."
- Staff received training about safeguarding people from avoidable harm and understood their responsibilities to keep people safe. Staff had confidence that the registered manager would deal with any concerns raised.
- The provider had policies and procedures in place in relation to whistleblowing and safeguarding which staff could access if they needed to. Staff received training on safeguarding vulnerable adults at risk of abuse and were aware of the signs of abuse and the procedure for raising concerns.
- The registered manager was aware of their responsibility for making safeguarding referrals and reporting concerns to the Care Quality Commission (CQC). Records showed these were completed.

### Staffing and recruitment

- People told us there were enough staff to support them safely. One commented, "Yes, there are always enough staff on duty to keep us safe both at night and at weekends."
- Staff told us, there were sufficient numbers of staff to meet people's needs. A staff member said, "The manager will arrange additional staffing if people have appointments or need additional support."
- The provider did not use a dependency tool to determine the staffing numbers, but the registered

manager and the compliance manager said that staffing levels were amended if people had appointments to attend, or people were receiving end of life care.

- The rota evidenced adequate numbers of staffing, although exact details of who was working and who were attending training on the day of inspection was not clear.
- The provider followed their recruitment procedures and obtained disclosure and barring service (DBS) security checks and references before new staff started their employment. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

#### Using medicines safely

- People had their medicines when they needed them. One person told us, "I know why I am taking medication. Staff talk to me about my medication."
- Medicines were stored and administered safely. An electronic medication administration system was in place which supported staff to administer medicines at the prescribed time and prompted them to make a record. We saw that records were fully completed.
- Medicines to be administered on an 'as needed' basis were administered safely following clear protocols. There was a medicines policy which gave guidance to staff on the safe management of medicines.
- We saw evidence that regular auditing of medicines was carried out to ensure that any errors could be rectified and dealt with in a timely manner.

#### Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. One person told us, "This home is clean and well maintained." Two relatives told us the home was kept clean but looked drab and needed redecoration."
- Staff completed training in relation to the control of infection and we observed staff using personal, protective clothing and equipment safely.
- The environment was visibly clean and regular infection control audits were completed to identify any areas of concern.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and reported, where necessary, to the appropriate authorities. The registered manager reviewed incident and accident data to identify any themes or trends.
- Staff said that following incidents discussions were held following and during staff handover meetings. They said they had the opportunity to contribute their views and communication was good.

# 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. Continuous learning and improving care

- The overall rating for this service is Requires Improvement. This is the third consecutive time the service has received a Requires Improvement rating. The registered provider has failed to ensure lessons have been learned and sufficient improvements have been made to achieve a rating of Good.
- The management team had recognised the need for more robust audits and checks and had implemented these. Overall the quality monitoring checks in place to assess, monitor and improve the overall quality of the service were effective and carried out regularly. However, they had not identified and addressed the missing risk assessments and person-centred care plan for one person using the service. In addition, they had not identified and addressed that risk assessments had not always been updated regularly.

The provider failed to ensure systems and processes in place to assess, monitor and improve the service were effective to drive sufficient improvement. This was a breach of Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance

- There were two long standing registered managers in post, one of whom was the provider. People and family members were aware of who the registered manager was and said communication with them was very good. One relative told us, "I know who the manager is. I think they listen to me. The manager is a kind and respectful."
- The provider had employed a compliance manager who had supported the service to become paperless and support in staff training with the personal centred software. We saw that electronic medication and care planning systems had been implemented. These had improved the recording in people's care plans and medication charts.
- There was managerial and provider oversight of the service to ensure systems in place were being followed and used to drive improvement at the service. It was clear they both worked well together and had the same vision for the service.
- Staff supervision meetings and team meetings had been increased in frequency to ensure staff had the support they needed and the opportunity to share their views about the service.

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

- The provider had improved the systems in place to obtain feedback from people using the service, relatives, visiting healthcare professionals and staff. This was achieved through service satisfaction surveys and regular meetings with people using the service and staff. However, there was no evidence that actions had been taken to address concerns raised.
- People and relatives told us they were asked for their views about the service and the quality of their care. However, they were unsure if changes were made as a result of completing the satisfaction questionnaire. They told us this was not communicated to them. One person said, "I have received questionnaires to fill out. Nothing changes after filling out these questionnaires."
- Staff told us that communication throughout the service was very good. They felt well supported and said they had opportunities to contribute their views to the running of the service through staff supervisions and staff meetings. There were daily handover meetings where staff discussed anything of note and made sure they always had up to date information

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

- The service had a positive, welcoming and open atmosphere. A relative told us, "I think this home is particularly good for my [family member], they are happy here. Staff are extremely interested in my [family member and they are thriving in this service."
- Staff told us they received the training they needed and were well supported by the management team. Staff we spoke with demonstrated a commitment to the care and development of people who used the service and felt that the management team worked with them to ensure people received the care they needed.
- Staff told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. They were confident that concerns raised would be addressed and investigated in line with the provider's procedures. One staff member told us, "I would be more than comfortable raising any concerns. I know that any concerns I raise would be taken seriously and dealt with properly."

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 provider had reported concerns in relation to COVID 19 to families and the local authority in a timely manner to enable appropriate, additional support to be provided if needed.
- The registered manager ensured there were systems in place to ensure compliance with the 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.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals sharing information and assessments where appropriate.
- The registered manager had worked closely with the local authority during the pandemic to ensure all guidance about Covid 19 was up to date and in line with best practice. They had also liaised with Public Health England to ensure they were following current Government guidelines.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure systems and processes in place to assess, monitor and improve the service were effective to drive sufficient improvement.