

Leicestershire County Care Limited

Huntingdon Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Huntingdon Court is a residential care home providing care to up to 40 people with a range of support needs. There were 19 people living at the service at the time of our inspection. The service provides support to older people some of whom are living with dementia. Huntingdon Court is purpose built. It is split over two floors with communal areas on each floor.

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

Risk was assessed and managed so that people were supported in a safe way and protected from avoidable harm. Staff knew how to identify signs of abuse and how to report it. Staff were confident action would be taken if they raised any concerns. Infection prevention and control procedures and government guidance about COVID 19 were followed. People's medicines were managed in a safe way. Lessons were learned when things went wrong, and improvements had been made since our last inspection.

Quality monitoring and governance had improved and was effective in identifying risks and seeking feedback from people, staff and relatives. Action was taken to make changes and to improve in response to feedback provided. Staff had the training and support required to do their jobs and meet people's needs. People had access to the healthcare services they required. We have made a recommendation about tools to support staff in recognising deteriorating health.

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.

People and staff had positive respectful relationships. Staff were kind and caring. People had their privacy, dignity and independence respected and promoted. Care and support had become more person centred since our last inspection so that people received care and support in the way they preferred. Some people were able to follow their hobbies and interests such as gardening and growing vegetables. We have made a recommendation about staff training and activities for people with dementia.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 18 May 2021) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since November 2019. During this inspection the provider demonstrated that improvements have been made. The rating awarded at this inspection was 'requires improvement' because the service had not yet demonstrated improvements made were fully embedded or

could be sustained. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Huntingdon Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 was carried out by two inspectors.

Service and service type

Huntingdon Court 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 did not have a manager registered with the Care Quality Commission but an application had been submitted. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the provider, acting manager, assistant manager, senior care workers and care workers. and the chef.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management. Preventing and controlling infection.

At our last three inspections the provider failed to ensure that care and treatment was always provided in a safe way. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection improvements had been made and the provider was no longer in breach of regulation 12.

- Care plans and risk assessments were mostly up to date and reflective of peoples needs. One person did not have all risk identified but they had recently moved into the service. The assistant manager told us they were seeking further information to inform the risk assessment.
- The number of accidents and incidents involving people who used the service had significantly decreased since the last inspection. Further advice and support had been sought from the local authority positive behaviour support team and the falls team. This resulted in improvements to the management of accidents and incidents and prevention of further risk.
- Improvements had been made to the environment and arrangements for staff donning and doffing personal protective equipment.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and could speak to staff if they were worried. Staff knew how to recognise the signs of abuse and how to report it. They were confident managers would take appropriate action.
- Staff supported people to raise any concerns they may have. People were asked if they felt safe or observed for changes in behaviour which may indicate something was wrong.
- We saw that protecting people from abuse was discussed at recent staff meetings and staff were reminded of their responsibilities.

Using medicines safely

- People received their medicines in a safe way and in the way they preferred.
- Medicines were stored correctly, and records were accurate and up to date.
- Audits had been carried out and were effective in identifying shortfalls and taking action to improve. This included staff training and competency checks.
- Where medicine was used to manage distress or anxiety, positive behaviour support plans were in place and the medicine was only given as a last resort and in line with an established protocol.
- People's medicines were reviewed during weekly doctors visits to check they were still effective and required.

Staffing and recruitment

- Staffing numbers and skill mix were sufficient to meet people's needs. A staffing tool based on people's dependency needs was used.
- Staffing numbers determined by the provider were met. We saw staff spending time with people and attending to their requests promptly. People said staff responded quickly when they used their call bell.
- Checks were carried out before new staff were offered employment. This meant as far as possible only staff with the right skills and experience were employed.

Learning lessons when things go wrong

- Improvements had been made in the way staff responded to accidents and incidents.
- Records were completed comprehensively so that effective analyses could be carried out and appropriate changes made. For example, an accident record showed an increase in observation and a falls team meeting took place.
- There had been a significant decrease in accidents and incidents since our last inspection.

Although we found improvements in relation to the safety of the service, given the poor compliance history and the fact that the service had a substantial number of vacancies, we were unable to improve the rating above requires improvement. In order to obtain a good rating, the provider needs to show evidence of sustained improvement. This will be reviewed at our next inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People had their needs assessed before moving into the service. This included physical, psychological and social needs and considered people's protected characteristics under the Equality Act 2010.
- The provider had employed a new operations manager and had planned monthly managers meetings to support managers to keep up to date with best practice standards and guidance.

Staff support: induction, training, skills and experience

- People told us staff were competent and could meet their needs. A relative told us their confidence in staff had improved since our last inspection.
- Staff received induction training when they first began working at the service. This included a period of working alongside more experienced staff until they were confident and competent.
- Staff and agency staff told us they felt supported and received the training they required to meet people's needs.
- Staff compliance with training they were required to complete was at 96 %. Staff (including agency staff) had opportunities to discuss their learning and development needs with a manager or senior staff member.

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

- People told us they liked the meals provided. We observed the lunch time meal and saw people were supported in a sensitive way. People were unhurried and could choose what they wanted to eat. The atmosphere was calm, relaxed and social.
- People's individual dietary needs were catered for. Staff monitored people's intake of food and drink if nutritional risk was identified and took action if people did not have enough to eat or drink or were losing weight.

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

- Staff sought advice and guidance from appropriate professionals such as the community mental health team, falls team and infection control team to ensure to people receive effective care and support.
- People had access to the healthcare services they required such as GP's and community nurses. However, concerns had been raised by emergency services about the timeliness of seeking medical advice.

We recommend the provider consider current guidance on recognising deterioration in health and escalation using nationally recognised methodologies so that ill health is recognised early and medical attention is sought without delay.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were being met.

- People had their capacity to make decisions assessed and best interest decisions were included in care plans and risk assessments where appropriate. People's relatives and other professionals were included and consulted about decision making where this was appropriate.
- Staff had training about MCA and DoLS and knew to ensure people had consented before providing care and support or a best interest decision had been made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. People and staff had developed positive respectful relationships.
- We saw staff speaking with people in a kind way and offering comfort and reassurance where this was required.
- Staff knew people well including their preferences for receiving care and support.
- Staff said they worked well as a team and were treated well by their managers.

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

- Care plan reviews were held, and people's relatives were consulted where this was appropriate. We saw examples of changes being made as a result of these meetings so that people were involved and made decisions about their care and support.
- People's care plans were person centred and included preferences and individual needs.
- During the inspection we saw staff explaining people's choices and supporting people to make decisions throughout the day.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy, dignity and independence. We saw staff making sure people were covered and protected during hoist transfers and speaking discreetly to people about their care and support.
- Staff received training and were able to give examples of how they protected people's privacy and dignity and promoted their independence.
- Information about people was stored securely and staff kept information confidential, only sharing with appropriate people.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Meeting people's communication needs

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

- The service was not meeting this standard but the acting manager told us they were in the process of developing their policies and procedures to ensure people using the service had information in formats accessible to them. This included assessing people's individual needs with regards to accessing information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was following current government COVID 19 guidance for all visitors. A visitor told us about the positive impact the increased visiting and ability to take their relative out had on the person's quality of life.
- There was an activities coordinator and people had access to a range of activities. Some people had planted vegetables and the garden was being developed further.
- Not everyone had opportunities to follow their specific interests and hobbies. The activities organiser was developing the role and getting to know people's preferences and cultural needs. We recommend the provider consider providing further training to activities staff about activities for people with dementia.

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

- People had their needs assessed and a plan of care was developed to include people's preferences and individual needs.
- People received care and support in the way they preferred. One person liked to spend most of their time in their own room. Staff had supported them to decorate and arrange the room in the way they liked it.
- Information about people's unique life histories and the things that were important to them were recorded within care plans. This is important and supports staff to understand people's needs if they have communication difficulties.

Improving care quality in response to complaints or concerns

- Complaints were used as an opportunity to learn and improve. Records showed complaints were investigated and action was taken and communicated to staff.

End of life care and support

- Staff worked with appropriate healthcare professionals such as doctors and community nurses to promote a comfortable and pain free death. This included arranging anticipatory medicines for pain relief and comfort.
- Where possible, people's end of life preferences were recorded in their care plan so that staff could respect these wishes.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last three inspections the provider failed to ensure they had effective systems in place to assess, monitor and mitigate risks relating to the health, safety and welfare of people. This was a continued breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 17. However, we had not been able to test the sustainability of these improvements or check they had been fully embedded.

- There had not been a registered manager at the service since April 2019. The acting manager had submitted an application to become registered as the Manager with the CQC. They had been in post since November 2020 and had begun to make improvements and provide management stability for people and staff.
- Systems for identifying, capturing and managing risks had improved. Audits had identified areas for improvement and action had been taken. For example, improvements had been made to medicine management and infection prevention and control. The acting manager had carried out an environment audit and developed a refurbishment plan. Accident and incidents had reduced since our last inspection.
- Managers and staff were clearer about their roles and responsibilities. A new senior leadership structure had been introduced and this had improved governance and provided increased support for managers and staff.
- Staff and relatives were positive about managers and told us they were supported and listened to.

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

- Care plan meetings were taking place so that people were involved and could make changes to the way they received care and support.
- Residents meetings were held and people were consulted about the day to day running of the service. They were asked about menu's and activities on offer. People were asked about staffing arrangements and if

they liked the staff.

- The acting manager was actively promoting an open inclusive and person- centred culture. Outcomes for people and staff morale had improved since our last inspection. Staff had more time to spend with people and included people in decision making about their care and support.

Continuous learning and improving care; 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

- Improvements had been made since our last inspection and the provider was no longer in breach of our regulations. A full audit had been carried out by an external assessor and any identified risk had been identified and an action plan put in place.
- Many of the areas had been addressed and further improvements had been planned such as meal time champions to improve people's meal time experience and mouthcare assessments had been introduced.
- Managers were aware of their responsibilities to be open and honest when things went wrong. We spoke with the provider's newly appointed operations manager, they had a focus on and were working towards increased transparency and communication.

Working in partnership with others

- Staff and managers worked with partner agencies to ensure good outcomes for people. For example, they sought advice and followed guidance from healthcare professionals and local authority professionals such as infection control leads and prevention of falls teams.

Although we found improvements in relation to the leadership and governance, given the poor compliance history and the fact that the service had a substantial number of vacancies, we were unable to improve the rating above requires improvement. In order to obtain a good rating, the provider needs to show evidence of sustained improvement. This will be reviewed at our next inspection.