

Aspects Care Homes Ltd

Lionsfield House

Inspection report

60 Links Road
Coventry
CV6 3DL

Date of inspection visit:
25 July 2022

Date of publication:
31 August 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Lionsfield House is a care home providing care and accommodation for up to 11 younger adults and older people with mental ill health needs. At the time of our inspection 10 people lived at the home. Accommodation is provided in an adapted residential property. Bedrooms are of single occupancy with ensuite facilities, with various communal spaces for people's comfort. The home also has a separate training flat to support people to transition towards independent living.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection one person received support with their personal care.

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

The lack of provider oversight, during a period of management instability at Lionsfield House, meant staff had not received the support and guidance they needed and concerns relating to some aspects of quality and safety at the service had not been identified. Opportunities to improve service safety had been missed. The person, relatives and staff were encouraged to provide feedback about the service. Recent feedback showed high levels of satisfaction and feedback gathered had been used to drive improvement.

The person felt safe living in their home. However, risks associated with the person's care and the environment, including fire safety, were not always identified, assessed and well-managed. Action was taken to address this. The prevention and control of infection was managed safely and in line with government guidance. Medicines were administered by trained staff. Shortfalls in the management of medicines had been identified. However, further monitoring was needed to ensure the remedial action taken to address the shortfalls were effective. Staff had been recruited safely and understood their responsibilities to keep people safe.

The person received the support they needed to access a range of health and social care professionals. The person was supported to have maximum choice and control of their life 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. Staff completed an induction and training to ensure they had the information, knowledge and skills to fulfil their role.

The person had formed positive relationships with staff. Staff knew the person well and were caring and respectful when providing support. However, some accepted practices within the home did not promote dignity and choice. Action was taken to address this. Confidential information was stored securely.

Assessments were completed to ensure people's diverse needs were known and could be met prior to moving to the home. Action was planned to ensure care records provided staff with all the information they

needed to deliver safe, personalised care. The person was supported to maintain relationships that were important to them and spent their time doing things they enjoyed. The service worked in partnership with other agencies to benefit the person. Staff understood their responsibilities in line with the with the provider's complaints procedure.

The registered manager was committed to addressing shortfalls identified during the inspection visit and driving forward improvements.

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

Rating at last inspection

This service was registered with us on 25 February 2021 and this is the first inspection.

Why we inspected

This was a planned inspection prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

Enforcement and recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We identified a breach in relation to the how the service was managed.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always caring.

Details are in our caring findings below

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lionsfield House

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 Health and Social Care Act 2008.

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 undertaken by one inspector.

Service and service type

Lionsfield House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lionsfield House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. 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. We also used the information we had obtained during a direct monitoring approach call with the registered manager in June 2022. We used all this information to plan our inspection.

During the inspection

We spoke with one person about their experiences of the care provided. We spoke with five members of staff including the director of compliance, the registered manager and support workers. We reviewed one person's care and medicines records and looked at three staff files in relation to recruitment. We also reviewed a range of records relating to the management of the service, including quality and safety audits and checks and some of the provider's policies and procedures.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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; Learning lessons when things go wrong

- Individual and environmental risk, including fire safety, was not always identified and well-managed.
- The boiler room located in a communal hallway, had a hole in the ceiling which was unsafe. This meant in the event of a fire, the flames would quickly spread to the first floor of the home. In addition, the director of compliance and staff were not aware risk associated with storing a large pile of house bricks in the garden area had been assessed and their responsibilities in relation to this. Immediate action was taken to mitigate these risks during our visit and the following day the director of compliance confirmed the remedial action needed had been completed.
- Risks associated with the person's care had been assessed. Whilst risk assessments supported positive risk taking, some required further detail to be added to ensure staff had the information they needed to provide safe care.
- The person had an up to date personal emergency evacuation plan (PEEP) which was easily accessible to staff.
- Staff had completed fire safety training and understood the action they needed to take in the event of a fire to keep the person safe in line with the provider's procedure and emergency contingency plan.
- A system was in place to record, monitor and analyse accidents and incidents. Lesson learnt were discussed with staff to reduce the risk of reoccurrence.

Using medicines safely

- The person had received their medicines as prescribed. However, staff had not always completed medication administration records to confirm this. Whilst this recording shortfall had already been identified, the action taken to rectify this had not been effective. The director of compliance assured us this would be addressed.
- Prescribed medicines were stored, administered and disposed of safely.
- Staff completed training in medicines management and their competency to administer medicines safely had been assessed.

Staffing and recruitment

- There were enough staff available to provide the support the person required. The person told us, "I'm safe here. Staff are always with me and help me."
- Staff had no concerns about staffing levels but explained staff being 'regularly' moved to work at one of the provider's other locations had a negative impact. One staff member said, "[People] want staff they trust and feel confident with. Moving staff affects this. They [people] are always mentioning this as a problem." We

shared this feedback with the director of compliance who told us they would look into these concerns.

- Staff were recruited safely in line with the provider's policy and procedures.

Preventing and controlling infection

- 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.

Visiting in care homes

- The provider facilitated visits for people living in the home in accordance with current guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and understood their responsibility to keep people safe including reporting concerns to a member of the management team. One staff member said, "[Registered manager] would deal with things but we have a whistleblowing procedure to follow if we need to go higher."
- The registered manager understood their responsibility to report any safeguarding concerns to the local authority safeguarding team and us (CQC) to ensure any allegations or suspected abuse were investigated.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- An assessment of needs was completed before a person moved into the home. This included establishing the support required to meet the person's cultural needs and lifestyle choices to ensure these could be met.
- People were invited to spend time at Lionsfield House to help them decide if it was where they wanted to live.
- Staff explained how they used information gathered during assessments about people's interests and goals to open conversations with people and begin to build relationships. Information gathered during assessments was also used as the basis for developing care plans to reflect the person's desired outcomes, aspirations and needs.
- The registered manager and staff had developed positive relationships with other agencies and professionals involved in people's care. One staff member said, "If we are worried or unsure about something, we just ring and ask for advice. Working together is important to get the best for the lads [people]."

Staff support: induction, training, skills and experience

- New staff were supported through an induction programme, which included completion of the Care Certificate as appropriate. The Care Certificate is a nationally recognised qualification for staff new to a social or health care setting.
- Staff completed a programme of training the provider considered essential, which was refreshed at regular intervals.
- The registered manager told us they were prioritising individual meetings with staff to ensure they had the support they needed to understand their role requirements and expectations. One staff member said, "Supervision recently has not been of any value. It felt like a paper exercise. Now [registered manager] is back things will change. In a good way." We have reported on this further in the well-led section of this report.

Adapting service, design, decoration to meet people's needs; Supporting people to eat and drink enough to maintain a balanced diet

- The home had a relaxed and welcoming atmosphere. Communal areas were clean and well maintained. However, despite staff knowing the front doorbell and communal television needed to be repaired, no action had been taken until a person informed the registered manager of this, during our visit. We have reported on this further in the well-led section of this report.

- The person was supported to maintain a balanced diet. One staff member was heard chatting with the person about the evening meal. The person said, "That's my favourite. Food is good."
- Care records included information about dietary preferences, likes, dislikes and any related medical conditions.

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 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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager understood the requirements of the Deprivation of Liberty Safeguards and how to apply for these. There were one authorised DoLS in place at the time of the inspection.
- Staff completed MCA training and worked within the principles of the act, including seeking consent before providing care and support.
- Care records did not provide staff with clear information about the expiry date of DoLS that had been authorised by the local authority. Action was taken to address this during the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting the person's rights. However, some practices within the home did not support this. For example, a notice on the wall in the communal lounge informed people they needed to go to their bedroom by midnight so night staff could clean the lounge. Another notice read, 'Supper will be provided with hot chocolate or a cold drink only'. We saw the option of alternative hot drinks had been crossed out. When we highlighted this, the director of compliance removed the notices. They said, "This is not how we work. I will be speaking with staff about this."
- The management and staff team had not considered the display of some care records on the front of people's bedroom doors as being potentially undignified or the impact this had on people's privacy.
- Personal information was securely stored in line with the provider's confidentiality policy and data protection regulations.

Supporting people to express their views and be involved in making decisions about their care; Ensuring people are well treated and supported; respecting equality and diversity

- One person explained they made day to day decisions about their life. The person said, "I get up when I want. Go out when I want and eat when I want."
- The person spoke fondly of the staff who provided their care and we observed they were treated with kindness and sensitivity by staff.
- Staff were knowledgeable and respectful of the person's diverse needs and it was clear from our observations they had developed a positive relationship with the person. One staff member told us, "The important thing is taking the time to listen, giving [Name] time to express how they are feeling and responding to that. It can be different every day."
- When we asked staff if they would be happy for someone, they loved to live at Lionsfield House one staff member replied, "Yes, our staff are very caring and go over and above every time. We are a family."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Records showed the person, their advocate and other professionals were actively involved in developing and reviewing the person's care plans.
- Staff demonstrated a clear understanding of the person's needs, their lifestyle choices, likes and dislikes. One staff member described how they used the person's love of singing to lift the person's mood. We saw this had a positive effect on the person's mental health.
- Care plan content needed to be improved to ensure they provided staff with the detail they need to provide safe, personalised care. Staff shared this view. On staff member said, "The care plans could be more in depth. That would really help the newer staff."
- The director of compliance had already identified the shortfall in care plans they told us, "I know care plans need to be clearer and more detailed. We are working on this."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood their responsibilities in line with AIS. They told us information could be made available in a range of formats on request.

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

- One person told us they spent their time doing what they enjoyed and what was important to them. This included visiting family, attending church and going to the shops.
- Staff understood the positive impact supporting the person to follow their interests and hobbies had on their mental health and well-being. One staff member told us, "Doing things and socialising is key. It makes [Name] smile and feel happy."

Improving care quality in response to complaints or concerns

- Residents meetings were used as an opportunity to ensure people understood how to raise any concerns about the service being provided. One person told us they would talk to staff if they had any concerns. They added, "[Registered manager] is back so I can talk to her."

- Staff understood their responsibility to support people or relatives to raise any concerns or complaints.
- A copy of the provider's complaints procedure was on display in the home. This included information about how to make a complaint and what people could expect if they raised a concern. No complaints had been received.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- The service was not always well-led. The provider had not maintained sufficient oversight of the service, whilst the registered manager had not been at work, to ensure compliance with the regulations, their policies, procedures and expectations.
- The provider's systems and processes to monitor the quality and safety of the service were not always effective. Completed audits had not identified some of the environmental concerns, including fire safety we found. In addition, some equipment repairs had not been completed in a timely manner to benefit people and audits had failed to highlight risk assessments were not available for some cleaning products in use. This meant opportunities to improve safety and drive improvement had been missed.
- A period of instability within the management team meant staff had not received the guidance and effective support they needed to fulfil their roles, including staff supervision. One staff member said, "From the day [Registered manager] went off it's all been up in the air. Each new manager changes everything. It's confusing." They added, "It's hard to train the new staff when we don't know what we are supposed to be doing, or what is expected."

We found no evidence that people had been harmed, however service oversight and governance systems were not always effective. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Discussion with the registered manager demonstrated their determination to address the shortfalls and staff concerns we identified. The registered manager told us, "I am very disappointed with your findings. I worked really hard to be ready for our first inspection." They added, "It's clear things have slipped but I will put it right."
- The registered manager understood their regulatory responsibilities, including informing us (CQC) of certain changes, events and incidents that affected the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- Staff completed equality and diversity training and conversations with staff demonstrated they understood the importance of treating people with respect and as individuals. However, some practices within the home did not support this.

- The provider's policies and procedures promoted inclusion and diversity and reflected protected characteristics as defined by the Equalities Act 2010.
- The registered manager promoted an open and inclusive culture which sought the views of the person, relatives and staff. Analysis of feedback gathered in January 2022 showed a high level of service satisfaction. Areas for suggested improvement had been acted upon, for example people had been provided with the telephone contact details for other agencies which they had requested.
- Without exception the person and staff spoke positively about the registered manager. Comments included, "I'm so excited [registered manager] is back today. We will get back to a good support and normality," "Lovely, listens to me," and "The best manager I have ever had."

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; Working in partnership with others.

- The registered manager understood their responsibility to be open and honest when things had gone wrong.
- The service worked in partnership with other organisations and health professionals to support the person to maintain their mental and physical health and well-being.
- Throughout our inspection visit the director of compliance and registered manager were responsive to our inspection feedback and gave assurance this would be used to develop a plan to drive improvement.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (c) HSCA RA Regulations 2014. Good governance</p> <p>The provider had not ensured they had effective systems in place to assess, monitor and improve the quality and safety of the service provided.</p> <p>The provider had not ensured audits of the service were completed in line with their policies and procedures to monitor, access and improve the quality and safety of the service provided.</p> <p>The provider had not ensured, they had effective systems and processes in place to consistently identify and assess risk to the health, safety and welfare of people who use the service.</p>