Lester Hall Apartments Limited

Lester Hall Apartments

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service responsive?	Good
Is the service well-led?	Good

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, physical disability and a learning disability or Autism. Accommodation is in 1 adapted building over 3 floors with a passenger lift. The service is registered for up to 33 people and there were 14 people living in the service at the time of inspection.

People's experience of using this service and what we found
We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Since the last inspection the provider had made improvements and the service was now able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support; People received individualised care and support. Guidance and support for staff of how to support people with their routines, preferences and health conditions had improved. People received consistency and continuity from staff who knew them well and were competent and skilled. The use of agency staff had significantly reduced. Safe staff recruitment procedures were in place.

Right Care; People were supported to lead active and fulfilling lives. Improvements had been made to support people with interests, hobbies and activities important to them. Staff were kind, caring and treated people with dignity and respect.

Right Culture; There was a shared commitment to the culture and values of the service. There was a positive team approach and improved oversight and leadership. Feedback from people and staff about the improvements made was consistently positive. There were new and improved effective systems and processes in place to continually review, monitor and improve quality and safety.

Risks were continually assessed, monitored and reviewed. Staff were aware of how to protect people from known risks and worked closely with external health and social care professionals in how risks were managed.

Safeguarding, incident management and opportunities of learning to mitigate risks had improved. People received their medicines safely and when required.

Infection prevention and control practice was in place to minimise the risk and spread of infection. Staff had received required training.

The provider had improved the referral and assessment process. This was robust with senior management oversight, ensuring new admissions were planned for.

People's communication needs had been assessed and planned for, and easy read information was available. People had access to the providers complaint policy.

The provider enabled people, relatives, staff and external professionals to share their experience of the service. Feedback was used to further develop and improve the service.

The staff worked well with external agencies and health and social care professionals, in supporting people with their ongoing care and support needs.

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

Rating at last inspection
The last rating for this service was requires (published 3 August 2022).□

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 4 and 5 July 2022. Breaches of legal requirements were found in safe care and treatment, safeguarding, staffing, person centred care and governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

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.

Follow up
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?

Good

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Lester Hall Apartments

Detailed findings

Background to this 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 carried out by 1 inspector.

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 dependent on their registration with us. Lester Hall Apartments is a care home with 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 the inspection a registered manager was in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider

Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 3 people who use the service about their experience of the care and support provided. We also observed staff engagement with people to further understand people's experience. We spoke with the registered manager, deputy manager, the head of adult services, the quality compliance manager, 2 senior support workers, a support worker who was also the activity coordinator on day 1 of the inspection and an agency worker. We also spoke with 3 visiting health care professionals.

We looked at parts of 6 people's care files along with a range of medicine administration records. We looked at other records relating to the management of the service, including 3 staff recruitment records, complaints, staff deployment, staff training, audits and communication and meeting documents.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection, the provider had failed to ensure risks were sufficiently assessed, monitored and mitigated. Staff were not sufficiently skilled or competent in managing people's emotional needs and behaviours safely. This was a breach of Regulation 12 (Safe care and treatment) 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 this regulation.

- People felt safe and well supported. People told us of the improvements made at the service and how they now felt staff provided safe care and support. A person said, "Yes, it's much better now, I feel safe."
- Staff, permanent and agency, had received additional training and ongoing support to develop their skills, competency and confidence. Staff spoke positively of the additional training and support. New management team roles had been introduced, a team leader and floor supervisor, to support the senior and care staff support workers. We observed positive staff engagement with people, and there was a relaxed and organised atmosphere.
- There was a positive and multi-disciplinary approach to risk management. Staff worked collaboratively with external professionals to manage risks. Some people had transferred to alternative placements and the provider had put a voluntary suspension on new placements until improvements had been made. Feedback from external professionals was positive.
- Improvements had been made and was ongoing in relation to guidance for staff about how to manage and mitigate known risks. Staff had easy access to guidance and were able to seek support from the management team.
- Incident management had improved. The frequency of incidents had greatly reduced. The procedure of responding, reporting and analysing incidents had been reviewed and improved upon. There was greater management oversight and the provider had employed a positive behaviour support manager (PBS) to review incidents and support staff. Records reviewed confirmed improvements had been made in the quality of documentation. This enabled better understanding and greater opportunity for learning to reduce incidents from re-occurring.

Systems and processes to safeguard people from the risk of abuse

At the last inspection, the provider had failed to ensure people were sufficiently protected from abuse and avoidable harm. This is a breach of Regulation 13 (Safeguarding people from abuse and improper

treatment) 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 this regulation.

● People told us they felt safe. A person said, "Yes, I do feel safe living here now, it's much better." At the last inspection, concerns were identified in the unsafe practice of physical intervention. The use of physical intervention had greatly reduced. Staff were aware this was used as a last resort and in the least restrictive way possible. Staff gave examples of strategies used, such as a change of staff, reassurance and diversion techniques. We observed these strategies being used with a good outcome.
● Staff knew how to recognise and protect people from the risk of abuse. Staff had received safeguarding training and had access to the provider's policies and procedures. Staff also had access to the provider's whistleblowing procedures and said they would not hesitate to report any concerns about unsafe practice.
● The registered manager was aware of local multi-agency safeguarding procedures to report any safeguarding concerns. They had taken action to reduce risks to people where required. Information about how to report any safeguarding concerns was on display for people, visitors and staff.

Staffing and recruitment

At the last inspection, the provider had failed to ensure people received consistent care and support from staff who were suitably trained, skilled, experienced and supported. This was a breach of Regulation 18 (Staffing) 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 this regulation.

● People received care and support from consistent staff who knew them well. Feedback from people was positive about the staff. A person said, "Staff are always around, and there's more permanent staff and less agency which is better."
● Staff were positive about the improvements made. A staff member said, "There's been a massive change, we have more permanent staff and use agency staff less, but these are regular agency staff. This has been really positive for people. Permanent staff are doing better, they are more accountable, more engaged with are happier working here."
● Following our last inspection, there has been additional oversight by senior management being present at the service to provide guidance and support to staff. The implementation of the team leader and floor supervisor has had a positive impact. In addition, the specific training in self-harm, provided to both permanent and agency staff, has had a positive impact on people receiving safe and effective care and support.
● Safe staff recruitment procedures were in place. This included checks carried out before staff started work which included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● People received their prescribed medicine safely. Where people wished to be independent, this was respected and supported. People confirmed they received their medicines at regular times and when they needed.
● The ordering, storage, administration and returns of medicines followed best practice guidance.

● There were robust daily, weekly and monthly audits and checks, and these were up to date. Staff responsible for administering medicines had received ongoing training and their competency assessed. Staff had guidance on how to administer medicines safely and when required.

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 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

● People were supported to maintain contact with their family, friends, and advocates. The provider had safe visiting procedures in place.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; 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

At the last inspection, the provider had failed to ensure people received care and support based on their individual needs, preferences and routines. This was a breach of Regulation 9 (Person-centre care) 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 this regulation.

● People received care and support based on their individual care needs, routines and preferences. People were positive about their care and support. A person said, "I've recently moved to a bigger room which I'm happy about." Another person said, "I don't always want to go out, but the staff will encourage me, and I went out recently and enjoyed it."
● A new activity coordinator role had been implemented and this was provided over 7 days a week. This enabled people to participate in indoor activities and to access community opportunities. During the inspection we observed people being encouraged to engage in activities such as writing Christmas cards. We saw Christmas artwork was on display. A person told us how they had been supported to go shopping in the morning, and proudly showed off their new jumper they were wearing.
● Some people required 1 or 2 staff to support them continually. We saw these people were supported to choose how they spent their time and what they did. One person liked fishing and we saw recent photographs of sea fishing the person had participated in.
● A new sensory room had been developed. In addition to sensory equipment such as coloured water tubes and music, a television with WIFI access, games table and a variety of games and artwork was available. This was a positive additional space people could access. One person had used the room recently to hold their birthday celebration with their family present.
● People's support plans recorded preferences to routines, religious and cultural needs and staff were knowledgeable about these.
● People were supported to maintain contact and avoid social isolation. Two people told us they had a friendship group at the service and how they enjoyed sitting together at lunchtimes. Where people were known to prefer to spend time in their bedroom and were at risk of isolation, this was recorded. Whilst staff respected people's wishes, they also monitored their health and well-being. Visits from relatives and friends were supported.

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 provider had considered people's communication needs. Communication support plans provided staff with guidance of people's support needs and preferred ways of communicating.
● Information such as the provider's complaint and safeguarding procedures were available for people in easy read.

Improving care quality in response to complaints or concerns
● The provider had a complaints procedure. The complaints log confirmed actions had been taken to investigate concerns and make improvements where required.
● People felt able to raise concerns. People told us they knew who the registered manager was and said they regularly saw them and felt able to raise any concerns.

End of life care and support
● At the time of the inspection, no person was receiving end of life care. However, end of life care wishes had been discussed with people and recorded. This meant staff had information about how to care and support people at the end stages of their life.
● If a person had a do not attempt cardiopulmonary resuscitation (DNACPR) or Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) documents. This information was recorded. These documents informed staff of people's wishes or decisions made should emergency care be required.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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; Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

At the last 2 consecutive inspections, the provider had failed to ensure systems and processes were robust to demonstrate the service was effectively managed. This was a 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 this regulation.

- New and improved systems and processes had been implemented to assess, monitor and mitigate risks and improve the quality of care and support people received. New documentation had been implemented to improve communication amongst the staff team. The provider had an ongoing improvement plan, this was regularly reviewed and provided guidance and priority of where improvements were required.
- Positive feedback was received from people and staff of the impact of the improvements made. Our observations confirmed what we were told. We found the staff to be positive, engaged, motivated and better informed about people's care and support needs.
- Oversight and leadership by senior managers and the management team at the service had been improved upon. A new experienced registered manager had been appointed and was well liked and had a positive impact on the service. The introduction of new roles such as team leader, floor supervisor, a positive behavioural support manager, a daily activity coordinator and an increase in permanent staff had a positive impact. Senior managers had increased oversight and had attended the service daily providing support and leadership.
- The provider had reviewed their admission process and procedure. The admission assessment and transition process were more robust and senior managers were involved in the decision making process. Compatibility of people had been reviewed and some people had been supported to transfer to more appropriate placements.
- There was a greater emphasis of partnership working with regard to risk management. This collaborative approach supported people to be safely and effectively cared for and positive outcomes met.
- The registered manager was aware of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. Notifications were submitted in a timely manner.

● Improvements had been made to the environment and plans were in place to make further improvements. People received increased opportunities of meaningful activities and opportunities to pursue interests and hobbies and social inclusion. The development of the sensory activity room was a good addition and increased choice and opportunities for people.

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 registered manager was clear about their responsibility to be open and transparent in line with their duty of candour responsibility. We saw evidence of duty of candour and outcome of complaints letters being completed.

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

● The provider had systems in place to take account of people's opinions of the service they received. People and their relatives received opportunities to feedback via an annual survey. We reviewed feedback received dated October 2022. Positive feedback was noted and where suggestions or comments were made, the management team had recorded action they had taken in response. An example was how the format of the questionnaire needed to be reviewed.

● A suggestion box was available in the reception and monthly resident meetings were arranged. Records reviewed confirmed how people were consulted on choices such as the menu, activities and changes to the environment.

● Staff received opportunities to share their experience of working at the service. An annual staff survey had been introduced. Staff supervision and regular staff meetings were also opportunities for staff to share their views. Staff confirmed improvements had been made at the service and they were happier and felt better supported and valued.

Working in partnership with others

● Positive feedback from external professionals was received. This included good communication and how recommendations made were implemented.

● People's care records confirmed partnership working in how people were supported with their ongoing care needs.