

# Leicestershire County Care Limited

# Curtis Weston House

## 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

Curtis Weston House is a residential care home registered to provide personal care and accommodation for up to 44 younger and older adults. People using the service had a physical disability, sensory impairment, dementia, mental health needs and a learning disability or autistic spectrum disorder. At the time of our inspection there were 23 people using the service. Accommodation is split across two floors accessed by a lift. Communal areas include lounges, bathrooms and toilets.

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

Risks associated with people's care were not consistently managed. The service was not consistently well led. The manager and provider acknowledged there were still improvements to make and had an action plan in place to support them to manage this.

Risks associated with the service environment were assessed and mitigated. The service was clean, and we were assured people were protected from risks associated with infections. People received their prescribed medicines safely. Staff told us, and evidence showed that overall, medicines were documented, administered and disposed of in accordance with current guidance and legislation.

People and their relatives felt the service was safe. Staff understood how to recognise and report concerns or abuse. Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. There were enough staff to keep people safe.

The provider and manager understood their roles and had taken steps to put a wide range of improvements in place. People felt able to participate in planning and reviewing their care. People and relatives felt able to contact staff or the management team with and questions or concerns about the quality of care.

Staff spoke positively about the new manager and management team. Staff felt supported to work together to improve the quality of people's lives.

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 and update

The last rating for this service was Inadequate (published 25 January 2021) and there were three 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 25 July 2020. During this inspection the provider demonstrated that improvements have been made. 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.

### Why we inspected

We carried out an unannounced focused inspection of this service on 11, 17 and 23 November 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding service users from abuse and improper treatment, and good governance.

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 and Well-led which contain those requirements. 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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to 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 Curtis Weston House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Curtis Weston 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 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 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

Curtis Weston House 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. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided. A manager was in post and had started the process of registering with the CQC.

#### 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 about the service. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and observed how care and support was given generally. We spoke with 11 relatives. We spoke with 10 staff (including care staff, activities coordinator, administrator, domestic and catering staff), the manager, deputy manager and area manager. We also spoke with the provider's nominated individual, operations director and external consultant. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at a range of records including four people's care records and how medicines were managed for people. We also looked at staff training, and the provider's quality auditing system. During the inspection visit we asked the provider to give us additional evidence about how the service was managed, and they did this.

# 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

At the last inspection, the provider had not ensured risks were assessed and managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks were not consistently managed. We reviewed two people's care plans in relation to managing risks for hoist use. We noted the plans did not specify what type of sling each person should have, and did not tell staff what setting to use the hoist loops in. Staff told us what sling each person has and how it was used safely, but there was a risk new or agency staff would not have this information and put people at risk of unsafe hoisting. The manager said they would update care plans to include this for everyone who used a hoist.
- One person's risk assessment for using their wheelchair did not specifically state who was at risk or what they were at risk from. The same person's care plan also stated they had a health condition which was kept under control by managing their food choices. The person told us they could tell staff what they needed and make their own food choices. There was no information in their care records about what foods the person should have or avoid. This put the person at risk of being given an inappropriate diet in the event they could not tell staff what they needed.
- People's risk assessments and associated care plans were regularly reviewed and updated to reflect any change in needs. Staff confirmed they could access paper copies of the most up to date records for people.
- Risks associated with the service environment were assessed and mitigated. The provider had a clear system in place for regular checks on all aspects of the environment. This included legionella checks and checks on equipment such as pressure relieving equipment, hoists and slings.

### Preventing and controlling infection

At the last inspection, the provider had not ensured infection prevention and control was effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service was clean. People said they were happy with the cleanliness of the service. Staff said the approach to cleanliness and infection control had improved since we last inspected.

- We were assured the provider was admitting people safely to the service. We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules. The provider was using PPE effectively and safely. The provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date. The provider was facilitating visits for people living in the home in accordance with the current guidance.

### Using medicines safely

At the last inspection, the provider had not ensured medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their prescribed medicines safely. Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed that overall, medicines were documented, administered and disposed of in accordance with current guidance and legislation.
- People received their "as and when" (PRN) medication when they needed it. There was guidance in place for people's PRN medicine which told staff when this medication was needed.
- Each person's medicines records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.

### Learning lessons when things go wrong

At the last inspection, the provider had not ensured there were systems in place to learn from incidents and improve care. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw documentation to support this and saw where action had been taken to minimise the risk of future accidents. Learning from incidents was shared with staff to improve care.
- For example, one person had three falls in January, February and March 2021. The manager reviewed the circumstances of each fall with the person, a relative, and health and social care professionals. This resulted in a review of the person's risk assessment and care plan, and identified the person needed more frequent monitoring. Records confirmed increased monitoring was in place for the person.

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

At the last inspection, the provider had not ensured people were protected from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People and their relatives felt the service was safe. Staff understood how to recognise and report concerns



or abuse. Staff received training in safeguarding and felt confident to raise concerns.

- The manager and deputy manager reported any allegations or abuse to the local authority safeguarding team and notified CQC about this. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

#### Staffing and recruitment

- There were enough staff to keep people safe. People told us there were enough staff to support them when they needed this.
- Staff felt there were enough of them to provide care in a timely way. One staff member said, "There is more than enough staff, especially at the moment, the amount of time we spend with residents is so much better, we have time to spend with them."
- The manager reviewed staffing levels regularly, and, when necessary, increased staff numbers to ensure people's needs were met. Our observations during the inspection visit showed us people were supported by enough staff. This included when people needed support to eat, needed reassurance, or wanted to participate in activities.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This ensured staff were of good character and were fit to carry out their work.

# 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; Continuous learning and improving care

At the last inspection, the provider had not ensured systems and processes were in place or robust enough to demonstrate the regulatory activity was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- We identified that the manager's monthly overall service audit did not always contain accurate information. For example, in the recording of monthly hospital admissions and 999 calls. This meant there was a risk the manager did not have a complete picture of significant events at the service. The manager and provider acknowledged there were still improvements to make and had an action plan and support from an external consultant in place to help them to manage this.
- The provider submitted statutory notifications to CQC as they are required to do. However, when reviewing these, we noted the provider did not consistently provide the information requested on the notification forms. This meant the provider was not always informing us fully about events that occurred in the service which assist us to monitor the quality of care.
- The service did not have a manager registered with the Care Quality Commission. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided. A manager was in post and had started the process of registering with the CQC. Feedback from staff about the manager and the management team was positive.
- Quality assurance systems had improved since our last inspection. The manager and provider were now undertaking regular checks and audits of all aspects of the service. Issues with the quality of care were identified and action taken to improve. For example, people had their weight and food and fluid intake regularly monitored. This helped staff identify if anyone needed additional support with their diet, and where necessary, referral to medical professionals for advice.
- Staff received regular supervision, which gave them opportunities to get feedback on their performance and identify further training opportunities. Staff training had improved since our last inspection, with 98% of the staff team fully up to date with all training the provider identified as necessary to carry out safe care.
- The provider and manager understood their roles, and had taken steps to put a wide range of improvements in place. For example, the manager had reduced the number of different places staff needed to record care, and updated people's care plans to ensure they accurately reflected their current needs. Staff

now had access to up to date information about people's needs. Fewer places to record care meant there was less risk of errors in recording and auditing the quality of care was easier.

- The provider was planning to introduce a new electronic system to record all aspects of care. They had trialled this at some of their other services. They felt confident it would improve the accuracy of care recording, help the management team with auditing care, and increase the amount of time staff could spend with people.

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

- People felt able to participate in planning and reviewing their care. Relatives had mixed views about being involved in planning and reviewing their family members' care. Some relatives said they took part in reviews of care and felt consulted. Other relatives said they had not been involved. We were mindful that restrictions during the coronavirus pandemic had impacted on relatives' ability to visit and participate in discussions about care. We spoke with the management team about this, and they agreed to review how they involved relatives.

- The provider carried out a staff survey in January 2021. This showed mixed feedback on service improvements, but the provider had not created an action plan to demonstrate how the issues would be addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People and relatives felt able to contact staff or the management team with and questions or concerns about the quality of care. One relative said, "If I need anything I can phone the office anytime. The staff do listen if you have anything to say."

- Staff knew people well and supported them in ways they preferred. Staff also felt able to make suggestions to improve the quality of care. For example, staff told us about one person they had supported to move bedrooms to be closer to the main communal areas of the house. This had resulted in the person feeling more confident about taking part in activities outside their room.

- Staff spoke positively about the new manager and management team. They felt supported to work together to improve the quality of people's lives. One staff member described the new equipment and checks in place for people at risk of falling and said this helped to reduce the risk of falls or serious injury for people.

- The service worked closely with other health professionals, including the GP, dieticians and physiotherapists. We saw evidence where people were referred to medical professionals when either they said they needed this, or where staff identified the need. This was done in a timely way

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 management team were aware of the duty of candour, which sets out how providers should explain and apologise when things have gone wrong with people's care.