

Lester Hall Apartments Limited

Lester Hall Apartments

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lester Hall Apartments is a residential care home, providing personal or nursing care to up to 33 people with mental health support needs. At the time of inspection, 23 people were living at the service.

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

The service was not always sufficiently cleaned. We found areas within the home that had not been cleaned for some time, including a person's bedroom, and communal areas.

The service was dated and in need of repair and refurbishment. Areas of flooring were uneven and damaged, causing dirt to get trapped and a trip hazard.

Audits and checks were not in place to ensure cleaning was completed to an acceptable standard across the whole service.

A new provider and management team were in place, who had identified the areas within the service which required attention, however no timescales had been set to take action. Some improvements had been made since our last inspection.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Medicines were administered and stored safely.

People had risk assessments and care plans which reflected their current needs.

People and staff told us that the new provider and manager were doing a good job, and the service had improved in several areas.

Meetings were held for staff and people to feedback their thoughts to the management team.

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 improvement (published 17 October 2020) and there was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Two targeted inspections took place afterwards in response to concerns received by CQC about infection prevention controls (IPC), and staffing at the service. We looked at the IPC measures the provider had in

place and there was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Report published 5 February 2021). Targeted inspections do not change the ratings of services and the rating remained Requires Improvement.

The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections. At this inspection enough improvement had not been made/sustained and the provider was still in breach of regulations.

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

Why we inspected

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.

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 remains Requires Improvement. This is based on the findings at this inspection.

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches of regulation in relation to cleanliness and lack of oversight within the service. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Lester Hall Apartments

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Lester Hall Apartments is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. There was a new manager in place, who was going through the registration process.

Notice of inspection

This inspection was unannounced.

What we did before 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 four people who used the service about their experience of the care provided. We also spoke

with seven members of care staff, the manager, and the provider.

We reviewed a range of records. This included three people's care records, medication records, staff recruitment information, and audits.

Is the service safe?

Our findings

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

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

At our targeted inspection in December 2020, the provider had failed to comply with infection control measures in relation to Covid-19, and staff use of PPE (Personal Protective Equipment). This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvement had been made at this inspection in relation to use of PPE, however there were still concerns around cleanliness within the service. The provider was still in breach of regulation 12.

Preventing and controlling infection

- The service was not always clean and well maintained. Whilst improvements had been made in relation to Covid-19 infection control procedures and the use of PPE, the whole service was not being sufficiently cleaned. We found one person's bedroom had a heavily soiled carpet, bed and side table, that had not been cleaned by staff for some time. Cleaning staff had at times recorded they were cleaning the room, but this had not been done to an adequate standard.
- We found several areas of poor cleaning in communal areas, including stains on walls and dirt on bin lids.
- We found areas of damaged and uneven flooring, which created dirt traps and trip hazards.
- We spoke to the management team who told us they would be implementing daily cleaning checks immediately, to ensure all areas of the service were sufficiently cleaned.
- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises.

The provider failed to ensure the service was cleaned properly and well maintained. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 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 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.

Using medicines safely

- Medicines were stored securely in a temperature controlled room and administered safely. We checked medicine administration records (MAR) and found they were being used correctly. Suitable instruction about people's medicines and how and when they should be used were in place. This included the correct use of medicines to be used as and when required.

Staffing and recruitment

- There were adequate numbers of staff within the service to support people's needs. This included some people who required one to one support.
- People and staff told us that staff support levels were good. One person said, "The home is alright. They have plenty of staff." Another person said, "Whenever I need help, I have a buzzer and the girls come. I'm happy here no issues." A staff member said, "There is more than enough staff on shift. Agency staff can come in if short. The same agency staff are used. If new agency staff are used they have a full induction."
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Assessing risk, safety monitoring and management

- Risk assessments documented risks that were present in people's lives, and enabled staff to work safely with people. This included detailed plans to support people who may display distressed behaviours.
- Risks assessments were reviewed, and staff understood and followed risk assessments appropriately.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with felt safe within the home and with the staff. Staff were trained in how to keep people safe from abuse and recognised the signs that might indicate a person was being abused. They knew how to report concerns to the manager, provider, and external agencies if necessary.
- The provider had systems in place to safeguard people from abuse including safeguarding and whistleblowing policies and procedures.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reported, where necessary, to the appropriate authorities. Managers reviewed incident and accident data to identify any themes or trends, and actions were taken to make improvements and share learning points through team meetings.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

At our last focused inspection 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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The overall rating for this service is Requires Improvement. This is the fourth consecutive time the service has received a Requires Improvement rating.
- The home was under new management who were beginning to implement new systems and processes to improve care within the service, and the physical environment. A plan had identified the areas within the service which needed repair and refurbishment. However, this had not identified the poor standard of cleanliness in various areas of the service, and had not given a clear outline of when the physical environment would be refurbished and improved.
- Sufficient and detailed cleaning checks and audits were not in place.

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

- There was a new provider and manager in place. People and staff were happy with the support provided. One staff member said, "The new manager is great, she is approachable if there was an issue she would be supportive. She is understanding and accommodating." Another staff member said, "They (management) have brought a new structure with clear rules and guidelines."
- The managers fulfilled their legal obligations to notify the Care Quality Commission of serious incidents involving people living at the home.

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

- People confirmed the change in management and provider was a positive one, and were hopeful things would continue to improve.
- The manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The management team were open and honest during our inspection. The manager told us the provider was positive and collaborative with the need to implement improvement.

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

- Meetings were held to discuss any issues and updates. This included a residents meeting where people discussed 'What's working' and 'What's not working'.
- Team meetings were used to share information with staff, and allow staff to feedback. We saw minutes of meetings to confirm these took place, and staff told us they were comfortable to speak up within this forum.

Working in partnership with others

- The management team were working closely with the local authority and other health and social care professionals when required, to ensure people's care was delivered in the right way.
- Reviews of people care were held with relevant professional involvement, to ensure changes were made to people's care if required.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Failure to ensure the service was adequately cleaned and maintained.

The enforcement action we took:

Vary existing condition