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

Summary of findings

Overall summary

About the service
Curtis Weston House is a residential care home providing personal care to 26 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.

The care home accommodates up to 44 people across two floors, each of which has separate adapted facilities.

People's experience of using this service and what we found
Quality assurance systems were not always effective in identifying gaps in information. Care plans required more detail so that staff were fully aware of people's preferences as to how they wished to be cared for and supported.

People did not always have the stimulation and access to meaningful activities they needed to live as full a fulfilled life they may wish.

People could be assured they were cared for safely as staff knew how to keep people safe and protected people from harm. Staff were recruited safely and there were enough staff to support people. Medicines were managed safely, and people could be assured they received their medicines at the correct time.

People were supported to maintain a healthy diet and had a choice as to where, when and what they ate. They had access to other health professionals when needed. They had their own personal space and access to a garden.

We have made a recommendation about the environment for people living with dementia.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring and compassionate and knew people well. People spoke positively about the care and support they received, and they were treated with respect.

People were listened to and knew how to raise a complaint if they needed to. People and staff were confident the manager and provider would act upon any concerns they raised.

Staff felt supported and spoke positively about the new manager and the improvements being made in the service.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 8 June 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
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 inspection was prompted in part due to concerns received about care not being person- centred, identifying and responding to risk and staffing. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, responsive and well-led sections of this full report.

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.

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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

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 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
This inspection was undertaken by one inspector 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Curtis Weston 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 not a registered manager in post. 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 the information we had received about the service since the last inspection. We sought feedback from the local authority 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 eight people who used the service and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
We spoke with seven relatives and 13 members of staff including, senior care staff, care assistants, the housekeeper and cook, the manager, deputy manager and area manager.
We reviewed a range of records. This included seven people's care records, care delivery records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People were cared for safely and were protected from the risk of harm. Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures and information available to support them. Any unexplained injuries to people were documented and investigated and appropriate action was taken.

● People and their families assured us they were kept safe. One relative said, "I feel [loved-one] is 100% safe; they look after them well." Another said, "I think [loved-one] is very safe indeed; I have no concerns at all."

●The manager understood their responsibilities to keep people safe and we saw they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management

●Risks to people's care had been identified and plans were in place to mitigate the risk. For example, a plan to manage the risk of someone who used a wheelchair detailed the need for them to be positioned in the chair to avoid any potential pressure sores developing. We observed the person being moved in and out of their chair and staff followed the instructions given.

● People had personal emergency evacuation plans in place which meant staff and emergency services knew what support people needed in the event of an emergency.

● Fire and health and safety checks were in place which ensured people and staff were safe in the home environment and equipment to support them was regularly maintained.

Using medicines safely

● Medicines were safely managed. Safe protocols for the receipt, storage, administration and disposal of medicines were followed.

● Staff received training in the administration of medicines and their competencies were assessed before they could administer any medicines.

Staffing and recruitment

● People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work at the home.

● The provider used a dependency tool to identify the level of staff required to support people's individual needs. During the inspection there was sufficient staff available to meet people's needs, however, at times some people were left unsupervised. We spoke with the manager about this who agreed to review the deployment of staff at key times.

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 followed government COVID-19 guidance on care home visiting. Visitors were welcomed at any time and given appropriate PPE. One relative said, "I can go anytime I wish; they have no restrictions."

Learning lessons when things go wrong

● Accidents and incidents were reviewed and analysed regularly, and information was shared with staff and lessons learnt were recorded. For example, following an incident when staff had failed to seek medical assistance all staff received a reminder and direction around reporting and responding in such a situation.

Good

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
At our last comprehensive inspection there was a risk people's rights would not be upheld. This was a breach of regulation 11 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 11.

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.

- People's rights under the MCA were respected, consent was gained, and people were supported to live their lives independently.
- People were supported to make decisions. When a person lacked the capacity to make a decision a best interest meeting was held. People told us they were asked for their consent and tasks were explained by staff.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- The manager kept a record of everyone's DoLS status and recorded any conditions that required actions to be completed.

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

● People's needs had been assessed prior to coming to live at Curtis Weston House.
● People had care plans which reflected their needs and preferences. For example, whether people preferred showers/baths, and how they preferred to be supported with their oral needs.
● One relative said, "They have gone through [loved-one's] care plans with me."

Staff support: induction, training, skills and experience
● Staff told us they were up to date with their training. One said, "We do a lot of training on-line except for moving and handling training and safeguarding." A relative said, "Staff are very well trained, especially with [loved-one] Alzheimer's, the way they interact with them they are wonderful."
● Staff competencies were tested, and a training matrix was in place which assured the provider and manager had oversight of all staff training.
● New staff completed an induction which included working alongside more experienced staff before they worked independently.

Supporting people to eat and drink enough to maintain a balanced diet
● There was information in people's care records about their dietary needs and people were weighed regularly to ensure they maintained a healthy weight. We saw action was taken if people were losing weight, such as providing regular snacks and fortified food and drinks.
● People could choose were they ate, and people were shown what meals were on offer. This helped people to make a choice.
● Staff sat with people who required support with their meals. One relative said, "They encourage [loved-one] with their meals, if they don't eat, they come back later and offer them something else." However, at times staff were stretched to meet the needs of some people who needed constant encouragement to eat. We spoke with the manager about this who said they would look at this to ensure there were sufficient staff deployed at mealtimes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People had access to health professionals including GPs, district nurses and speech and language therapists.
● We saw in people's care records advice had been sought in relation to people's swallowing difficulties and management of diabetes and this was being followed.
● People had plans in place detailing the support they required with their oral healthcare and the manager had been proactive in securing dental assistance for people when required.
● A visiting professional spoke with us and said, "The home is improving, the staff are proactive in seeking assistance for people. There is open communication and people are ready to see us in their rooms when we arrive, this is helpful."

Adapting service, design, decoration to meet people's needs
● People had been encouraged to personalise their rooms and any people new to the home were given the opportunity to plan the layout of their room.
● People had access to a secure rear garden and outside space at the front of the home.
● There was a development plan in place to refurbish and redecorate the home.

We recommend the provider look at current guidance on creating a dementia friendly environment.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us the staff were kind and friendly. One person said, "I can't tell you how good the staff treat me here, I'm very well treated." A relative said, "The staff are compassionate and caring, I always get support from them and am surprised at how caring they are towards [loved-one] needs.
- All the staff interacted well with people and offered support. We saw the maintenance man offered to walk one person to their room when they became unsure as to where it was. Staff based in the office took time to listen to people and gave them the assurance they needed.
- Staff understood the importance of promoting equality and diversity. Some care plans contained information about people's religious beliefs, the information was limited. The manager was aware for the need to ensure all information was recorded so there wasn't an over reliance on staff knowledge.

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

- People were offered choices such as whether they wished to sit in communal areas, whether they preferred to shower/bath and whether they preferred a male or female carer. One relative said, "I have told them that I did not want a male carer for [loved-one] for personal care, so they have respected that."
- There was a relaxed atmosphere and people were free to choose how they wished to spend their time and when they wished to get up and go to bed. One person said, "I can get up and go to bed when I want and I'm able to go out and about."
- Care plans contained some information about people's likes and dislikes but could be strengthened further to reflect fully people's preferences around their care.
- There was information about local advocacy services available to people. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- People were free to come and go as they pleased and those with restrictions in place were supported to access the community if they wished.
- Staff spoke to people politely and referred to people by their chosen name.
- Bedroom doors were closed so that people were not observed when having personal care. We saw staff knocking on doors and waiting for a response before they entered the room.

Requires Improvement

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. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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 our last comprehensive inspection people did not receive appropriate care that met their needs and preferences. This was a breach of regulation 9 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 9.

● Improvements to care plans were needed to fully reflect people's needs and preferences. There was limited information around people's cultural and religious needs in some care plans. We spoke with the manager about this and she assured us this was being addressed.
● There were periods of time during the inspection when we observed people had little or no stimulation. Some people spent a lot of time sleeping in armchairs, any interactions with staff tended to be task focused.
● The provider had recently employed an additional staff member to support with meaningful activities for people. A monthly schedule of activities was in place, this had yet to be fully implemented, which meant we were unable to assess fully whether people's social and cultural needs were being met.
● One relative told us, "A new member of staff has joined to do more activities, activities will increase soon." "I don't know if they have any activities at the moment. They did ask [loved-one] what they liked, and they got some things, but [loved-one] hasn't bothered with them much."
● People were treated as individuals and staff knew people well. We heard staff speaking to one person giving them the assurance they needed about their family.
● People were supported to access activities in the local community.
● People were supported to stay in contact with their friends and relatives.

End of life care and support
● People had advanced care plans which included information regarding their do not attempt cardiopulmonary resuscitation (DNACPR) status and Recommended Summary Plan for Emergency Care and Treatment. These could be further strengthened with details around their wishes about how they wished to be supported at end of life.
● At the time of the inspection, the service was not supporting anyone who required end of life support.
● If anyone required end of life support the manager would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

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 complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given.

Improving care quality in response to complaints or concerns

● People knew how to raise concerns and were confident they would be dealt with properly. One person said, "I have had no complaints but if I did, I would speak to someone who would be able to help me." A relative said, "I am aware of how to make a complaint either by speaking to the manager or contacting the head office."

● The provider had a complaints procedure in place, and we saw when a complaint had been made this was addressed in accordance with the procedure.

Requires Improvement

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. The rating for this key question has remained 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- 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 people and staff about the manager and the management team was positive.
- Quality assurance systems were in place, however we found gaps in recording information within people's care plans, such preferences to the way people wished to be cared and how they wished to be cared for and supported at end of life, which had not been identified. This meant staff did not always have the information they needed to fully deliver person-centred care.
- The manager had recently introduced daily 10@10 meetings which brought together key staff to share information and ensure any specific issues could be addressed promptly. These needed to be embedded before we could fully assess their effectiveness.

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 manager was open and honest when things went wrong, they informed families and external agencies as needed. One relative said, "They always let me know immediately if there are any issues."
- Relatives and staff spoke positively about the new manager. The staff felt confident issues were addressed when needed.
- The manager notified the Care Quality Commission (CQC) of events they were required to by law and the provider had displayed the previous CQC rating as required.

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

- The manager had recently set up meetings with people. We saw minutes from one meeting with people when activities had been discussed and people were asked what they would like to do, for example, visits out and flower arranging.
- A relative's meeting had been set up by the new manager, but no one had attended. The manager was open to suggestions as to how best to communicate and meet with relatives.
- Staff told us they had staff meetings and were able to raise any concerns or make suggestions as to how

the service could improve.

Continuous learning and improving care; Working in partnership with others

- The manager had introduced a new system to address any shortfalls in performance. For example, following an audit of the call bell system staff had been spoken with and performance improvement notices given to staff.
- The service worked closely with local GP practices, pharmacy and district nurse teams. We spoke with a visiting professional who told us they had experienced improvements in communication with staff and documentation since the manager had come into post.