

Leicestershire County Care Limited

# Lenthall House

## Inspection report

Lenthall Square  
Market Harborough  
Leicestershire  
LE16 9LQ

Tel: 01858463204

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22 June 2022

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Lenthall House is a residential care home providing accommodation and personal care for up to 40 people. The service provides support to meet a range of people's needs including older people, people who are living with dementia and physical disabilities. Accommodation is provided across two floors in an adapted building. At the time of our inspection there were 28 people using the service.

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

People were protected from the risk of harm as care records provided detailed guidance and the measures staff needed to take. Staff demonstrated they knew how to keep people safe and raise any concerns. People were protected from abuse, systems and processes were in place to identify and report any abuse or harm.

Significant improvements had been made to ensure medicines were stored and managed safely and people received their medicines as prescribed. People were supported by enough staff to meet their needs. The care and support was person centred and people did not have to wait for assistance or feel rushed.

People were protected from infection. Staff wore appropriate personal protective equipment and the home appeared clean and odour free.

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.

There was effective oversight and leadership of the service. People, relatives and staff were unanimous in their praise of the registered manager and the improvements they had made to the service. The registered manager monitored the service to ensure the care provided achieved the best possible outcomes for people.

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 01 February 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. 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 31 January 2022. 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 undertook this focussed inspection to check whether the Warning Notice we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

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.

### 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 well-led?

Good ●

The service was well-led.  
Details are in our well-led findings below.

# Lenthall House

## 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.

This was a focussed inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 ( Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the Warning Notice on concerns we found around staffing, unsafe administration of people's medicines and ineffective oversight and monitoring of the service.

#### Inspection team

This inspection was carried out 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

Lenthall 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. Lenthall House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with seven people who used the service and two relatives to gain their feedback about the care and support provided. We spoke to six staff members including the registered manager, two representatives for the provider and three care staff. We also spoke with one visiting health professional.

We reviewed care plans and records for three people and sampled medicines records. We reviewed training records for staff and sampled three staff recruitment files. A variety of records relating to the management of the service, including policies and procedures were reviewed

# 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; Using medicines safely; Staffing and recruitment

At our last inspection the provider had failed to ensure all aspects of risk management, medicines and staffing were safely managed. This was a breach of regulation 12(1) 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 registered manager had made significant improvements to ensure the safe management of medicines and this was confirmed by a health professional. They told us, "There has been a huge improvement and this is down to [registered manager] returning to the service. They have turned things around. There used to be a lot of medicine errors; now there are none. The improvements have been led by the registered manager, but I also see them working with and supporting staff to ensure good practice is embedded into their working practices."
- Medicines were stored safely and medicine records were completed accurately. Staff had their competency regularly assessed to ensure they remained safe in administering medicines.
- People received their medicines safely and as prescribed; effective audits and checks had been put into place to support the safe administration of medicines.
- People's care plans had been developed to include information about how they liked to be supported to take their medicines, any specific instructions and guidance for staff to follow in administering 'as and when required' medicines.
- The registered manager had implemented an effective recruitment strategy that had resulted in staffing vacancies being filled.
  - There were enough staff deployed to meet people's needs and this was confirmed by people we spoke with. Comments included, "We had a short staff spell, but we have extra staff now," and "They [staff] answer the care call pretty quickly if I need them and generally there is enough staff. I think they are all pretty good."
  - People, relatives and staff confirmed that staffing levels in place during our inspection and recorded on rotas were the usual ones. We saw staff were busy but also had time to spend talking with people and provided individual support.
  - Staff were safely recruited and included pre-employment checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
  - Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.

- People we spoke with told us they felt safe. One person told us, "I feel safe because there are always staff around and they help me when I need it."
- We observed staff supporting people safely to move around their home where they needed assistance or reassurance.
- The premises and equipment were regularly checked to ensure they were safe to use, and plans were in place to support people safely in the event of an emergency.

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

- People were safeguarded from abuse. Staff received safeguarding training and said they would not hesitate to report any concerns they had and had confidence that these would be acted upon.
- Records showed staff worked with external agencies to investigate and support in the event of any safeguarding concerns. This supported appropriate, timely action to be taken to ensure people were protected from the risk of harm.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### 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

- There were no visiting restrictions in place at the service. People and visitors were kept informed of the any COVID-19 updates both nationally and within the service.

#### Learning lessons when things go wrong

- Incidents were recorded, monitored and reviewed to see if any lessons could be learned to keep people safe.
- For example, following accidents and falls, people were supported to meet with their GP for a health



review. People and families were involved in any reviews or changes to risk assessments and control measures to reduce further occurrences whilst ensure people were not restricted.

# 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 inadequate. 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

At our last inspection the provider had failed to ensure systems and processes were either in place or effective enough to monitor and improve the quality and safety of the service. 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.

- The registered manager had recently returned to the service and developed action plans to address areas which required improvement. They had ensured urgent risks, such as staffing and medicines, were addressed and risks were mitigated as a priority.
- The registered manager and provider carried out checks to monitor and improve standards. Audit systems had been improved to help ensure action was taken when issues were identified. Systems and processes were robust and had already achieved improvements that were embedded into staff working practices.
- The provider had implemented systems and processes to improve oversight and ensure the registered manager received guidance and support in their role. For example, health and safety systems had been standardised to provide a common framework for managers to follow.
- People and relatives spoke positively about the registered manager. Comments included, "[Name of registered manager] is wonderful. The place is well run", "[Name] is very good and took us to the park last week. [Name] is not one for sitting in the office and is always where they are needed" and "The manager seems very good and on the ball."
- Staff said they felt supported by the leadership of the service. One staff member told us, "Things are good now [registered manager] is back. There is a better atmosphere. Things went downhill when they left as we were just left to get on with it. Now we have leadership, advice and clear guidance as to what we need to do."

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

- People told us staff were responsive to their needs and we observed staff providing personalised care for each person.

- Staff demonstrated they knew people well and understood what was important for each individual
- Relatives felt staff worked well with people to achieve the best possible outcomes. One relative told us, "[Name] is on very little medication now; they were on a lot before they came here. I'm really pleased as [Name] seems happier and more alert."

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 or candour responsibility. They had made appropriate notifications to the Commission and other agencies.
- Relatives confirmed the registered manager and staff were open and transparent when things had gone wrong. For example, one relative described how staff had made an error in administering medicines to their family member. The relative was informed, advised of response and actions taken to ensure this did not happen again.
- The registered manager kept records of any complaints and what actions were taken. People, staff and relatives told us they knew how to complain.

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

- People and relatives were able to share their views formally and informally, dependent on their choices and preferences and communication needs.
- One person told us, "Once a month we have meetings. We have a laugh at the residents meetings. When we ask for something, they [staff] usually do it. We asked about going out and we went out on Monday to a school and the activities man came."
- Quality questionnaires completed in May 2022 showed relatives were happy with their family member's care and praised the registered manager for making such an improvement in the service.
- Staff felt able to share their views informally, directly with the registered manager and through formal supervisions and staff meetings. Minutes of meetings showed these were used to share information, discuss best practice, and consult with staff on change.

Continuous learning and improving care

- The registered manager worked closely with staff to support their continuous learning and development.
- The registered manager and provider's representatives were engaged throughout the inspection process. We received evidence of improvements they were making within the senior leadership team to ensure the provider's services benefitted from more robust provider oversight, and consistency in systems and processes.

Working in partnership with others

- Relatives told us they were involved in their family member's care and support.
- The registered manager and provider worked with a range of other agencies, including local authority commissioners and health and social care professionals. to achieve the best possible outcomes with people.