

Leicestershire County Care Limited

Huntingdon Court

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

Huntingdon Court is a care home providing accommodation and personal care for up to 43 people aged 65 and over who may also be living with dementia. At the time of our inspection 30 people were using the service. Accommodation is provided over the ground and first floor with communal lounges and dining areas being located on both floors.

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

Potential risks related to people's care, health and welfare were assessed and kept under review. People's records included clear guidance for staff, as to how people's needs were to be met to promote their health, welfare and safety. There were sufficient staff to meet people's needs. Staff had undergone a robust recruitment process and had the necessary skills and experience.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrict way possible and in their best interests. However, one person's record did not include a best interest decision for a specific aspect of their medicine management. People's medicines were managed safely, supported by clear guidance and protocols.

Lessons were learnt and improvements made through the analysis and report of accidents and incidents. Systems and processes for the reporting of safeguarding concerns, were in place and were understood by staff. There were safe infection and preventions measures in place.

People's needs were recorded in personalised care plans, considering all aspects of their care, which included information as to people's wishes regarding end of life care, and clinical decisions should their health deteriorate.

Opportunities were available for people to take part in group or individual activities. We saw people laughing and speaking with each other and joining in with the activities. Relatives spoke of the positive impact on their family member of spending time with others. People expressed confidence in raising concerns, and complaints were investigated as per the provider's policy.

The appointment of a registered manager, supported by a wider management team had brought about improvements to the quality and safety of the service people received. Quality monitoring through internal audits and oversight had improved. Plans were put into place where improvements were needed and were monitored for progress.

People spoke positively about the care they received, which included the kind and caring approach of staff. Staff spoke positively of the inclusivity of approach adopted by the registered manager, which enabled them to have a good understanding of the improvements required and why, along with receiving praise for the changes successfully implemented.

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 inadequate (published 15 August 2022).

At the last inspection we found improvements were needed to keep people safe. This included improvements to how risk was assessed and monitored, the provision of sufficient staff to meet people's needs and improved reporting of abuse to relevant agencies. In addition, the previous inspection identified a lack of consistent and effective leadership had negatively impacted on the assessment and monitoring of the service to improve quality and safety.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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 16 October 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 focused inspection to check they had followed their action plan and to confirm they now met legal 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.

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 inadequate to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Huntingdon Court 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?

The service was safe

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Huntingdon Court

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

The inspection was carried out by 1 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

Huntingdon Court 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. Huntingdon Court 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 since the last inspection. We sought feedback from the local authority who work with 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 9 people using the service and 4 relatives. We spoke with the registered manager, the operations manager, the activity organiser, 2 care team leaders, a care assistant and a person from the housekeeping team. We reviewed a range of records. This included 5 people's care records and multiple medication records.

We looked at 3 staff files in relation to recruitment and a variety of records relating to the management of the service. Following our site visit the provider continued to provide information, which included data to support quality assurance and staff training.

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.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had failed to ensure people were consistently protected from the risk of abuse. This was a breach of regulation 13 (1) (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.

- At the last inspection we found allegations of abuse and harm were not consistently reported to the local authority of the Care Quality Commission. Improvements had been made, and allegations of abuse and harm had been reported to the relevant organisation.
- Systems and processes were in place to safeguard people from abuse, which included safeguarding referrals being made to the appropriate organisations. The registered manager kept an ongoing record to monitor the progress and outcome of safeguarding concerns to support lessons learnt.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 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.

- At the last inspection people's care records did not evidence potential risks linked to people's health and welfare had been assessed. Assessments of potential risks had improved to promote people's health and wellbeing. For example, a care plan for the care of a person with a catheter provided information as to the schedule for changing the catheter, its daily maintenance to support good skin integrity and actions to be taken to prevent infection. Information included guidance as to the daily maintenance of the catheter bag, including changing and emptying of the bag.
- Potential risks to people were assessed and kept under review to promote their safety. People's care records provided guidance for staff on how to reduce risks. For example, the use of sensor mats to help prevent falls. Sensor mats trigger an alarm when a person gets up from a chair or bed, enabling staff to respond and provide timely assistance.

- Potential risks associated with people's health were assessed and plans put in place to support and maintain a person's health and wellbeing. For example, a person with diabetes care records provided guidance for staff as to their responsibility in monitoring the levels of sugar in the person's blood. Along with guidance as to signs and symptoms which may indicate the person's health had deteriorated and medical advice was required.
- People identified at risk of malnutrition and dehydration had their daily intake of food and fluid monitored throughout the day. Where people were not reaching their assessed target, staff proactively encouraged people to eat and drink.
- Personalised Emergency Evacuation Plans (PEEP's) had been reviewed to ensure they were up to date. The PEEP identified the level of risk, any individual factors which needed to be considered to facilitate an emergency evacuation, such as equipment to be used to assist with mobility.

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.

Staffing and recruitment

At the last inspection the provider had failed to ensure staffing numbers were sufficient to meet people's needs or keep people safe. This was a breach of regulation 18 (1) (Staffing) 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 18.

- At the last inspection people told us there were not enough staff to meet their personal care needs, and we could not be confident there were sufficient staff to monitor people and keep them safe. At this inspection a few people did say on occasions they had to wait for support. A person said, "You do have to wait sometimes when you ring the buzzer. Staff are busy, they do apologise." Our observations showed people's request for support and assistance was responded to in a timely way. The registered manager monitored staff response times to call bells.
- The registered manager completed a dependency tool based on people's needs to determine the staffing numbers required. The operations manager monitored the dependency tool and staffing levels.
- People spoke positively of the support they received from staff, saying they were kind and caring and never felt rushed. A person told us, "Staff come in and chat to me, I never feel alone." A second person said, "The staff here are very caring, they bend over backwards to do anything you need." A relative said, "There are lots of staff about and they are very friendly."
- Staff had the necessary training, skills and competence to support people's safety and meet their needs. A

person told us how staff had received training from a physiotherapist for a specific piece of equipment they used. The person said, "The staff didn't know how to put in on at first, but the physio trained the carers and now they can do it."

- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). 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.

Using medicines safely

- Protocols for the administration of covert medicine (where medicines are hidden in food or drink and given without the person's knowledge) were in place. Protocols included information to evidence the medication had been authorised to be given covertly, which was supported by a Mental Capacity Assessment and a best interest decision. However, one person's mental capacity assessment and best interest decision was not specific to covert medicine administration. The registered manager said they would contact the relevant parties and organise a best interest's meeting.

- People received their medicines as prescribed. A person told us, "We have medicine regularly, and you can always rely on getting it [medicine] at the right time." Medicine was administered by staff trained in the management of medicine who had their competency regularly assessed. Health care professionals provided training to staff for specific medicine needs. For example, the administration of insulin used in the management of those with diabetes.

- Medicine care records included the name and dosage of all medicines prescribed, which included any increased risks to people. For example, where people were prescribed medicines which thinned their blood, guidance made clear staff's responsibility to report any injuries and seek medical advice to prevent excessive blood loss,

- People's records detailed the prescribed medicine, which included clear guidance as to the use of medicine to be given as and when required. For example, to reduce people's anxiety when they became anxious or to control pain.

Preventing and controlling infection

- We found some areas of improvement were needed to support good hygiene practices. We noted some fabric covered dining room chairs were stained, and one bedroom on the first floor which had a vinyl floor covering had a very strong odour of urine. The registered manager told us they would replace the dining room chairs, and would seek advice as to whether there was any alternative flooring which could be cleaned more effectively to reduce the malodour.

- The provider following our inspection submitted evidence which showed dining chairs which were wipeable and easier to clean had been ordered.

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- 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 responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. A person told us, "Staff come in every day and clean round."

- 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 and friends. There were no visiting restrictions and staff welcomed visitors to the service at any time.

Learning lessons when things go wrong

- Processes were in place for the reporting and following up of accidents or incidents, which included informing external organisations, such as the Care Quality Commission and the local authority.
- Incidents were kept under review by the provider and action taken so as similar incidents were not repeated. Staff referred to 'lessons learnt' meetings, minutes of these meetings showed the nature of the incident was discussed, and the actions to be implemented by staff to prevent similar events occurring.

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

- People's care plans reflected a person-centred approach to care. They considered people's physical, mental, emotional and social needs. This enabled staff to provide the support and care people needed. People spoke positively of the care and support they received. A person told us, "You could not get better staff and care, however much you paid." A second person said. "I've only been here for 2 weeks, but I'm really hoping I can stay. They look after you well here, they do what you ask them."
- Records provided information as to people's lives prior to moving into Huntingdon Court. A member of staff told us they used this information when a person become distressed or upset, as talking about the place they spent most of their lives, brought them peace and cheered them up.

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.

- People's sensory needs were reflected within their care plans. For example, where people required aids to support with hearing and sight.
- Care plans reflected upon the importance of the environment to support communication and wellbeing. For example, by ensuring a person sat in a quiet area with minimal disruptions, so as they were not overwhelmed by what was going on around them.
- How best to communicate with people, to promote their wellbeing was detailed within people's care plans. For example, how staff were to encourage a person to maintain their independence by praising them for their efforts, and reminding them of what they could do for themselves.
- A staff member told us, how when they assisted a person with personal care, they first checked the person was wearing their hearing aid. The staff member told us this was important, as the person became distressed during personal care, and being able to explain so they could hear what staff were doing was a key part of managing their needs.

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

- People's care plans provided information about their family and friends, their hobbies and interests, as part of the staff's approach to person centred care.

- People were able to take part in activities of their choosing. A number of people, supported by the activity organiser, were seen engaging in a range of activities, which included a quiz, sing along and bingo. People were seen engaged and laughing in a group conversation about dancehalls and cinemas of the past.
- People shared their experiences of activities and events within Huntingdon Court. A person said, "I find it very good here, I love the activities, especially the bingo, it stops me from getting bored." A relative told us, "[Family member] absolutely loves bingo, so is happy they play that a lot, and they are interacting with the other residents which has really brightened them up. They would sit on their own for long periods at home, (before them moved to Huntingdon Court) and are now much happier."
- We spoke with people who preferred to spend their time in their room, they told us they preferred the quiet and their own company. A person said, "I read and do puzzles and have the television." A second person said of spending time in their room, "I like it, I've got everything I need, newspaper, puzzles, books, television."

Improving care quality in response to complaints or concerns

- Concerns and complaints were recorded and responded to consistent with the provider's policy. Complaints were investigated with records kept, including the outcome which was shared with the complainant.
- Concerns and complaints where appropriate were shared with staff as part of the management teams commitment to improve the quality and safety of people's care.
- People and visiting relatives told us they were confident to share any complaints or concerns they had. A person told us they would be confident to raise a concern. They said, "No big problems, but I think the manager would sort things out if I needed them to. I did have to report my alarm cord was broken and the handyman came and put me a new one on immediately."

End of life care and support

- People's care records included information in relation to advanced decisions about their care, including whether resuscitation was to be attempted. People's records including information referred to as ReSPECT. This is a personalised recommendation about a person's clinical care and treatment in the event of a future emergency, where they would be unable to make or express their views.
- Care plans provided information about any specific wishes a person had about their end of life care, including information as to their preferred location. For example, remaining at Huntingdon Court. Care plans also included information about any preferences such as having relatives present and the type, if any, music they wanted to listen too.
- A person spoke to us of the memory garden for residents who had died. Stones were decorated with the person's name and were placed in the garden. They spoke of the death of a resident that morning, and the sensitivity of staff in breaking the news. They said, "When I came out of my room and asked after (the person who was unwell), the carer [staff] said they were sorry to say they had passed away, and asked if I would like to see them, which I did, and I said my farewell."

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

At the last inspection the provider failed to provide consistent and effective leadership to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); This was a breach of Regulation 17(1) 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 and the management team demonstrated they had improved the oversight and monitoring of the service to promote good quality and safe care.
- The service now benefited from a consistent team of staff who managed the service, following a number of years of inconsistent leadership and management. The registered manager had been in post for 13 months, and were supported by a deputy manager and operations manager.
- The operations manager regularly visited the service, and monitored the quality of the service both on site and remotely via the electronic monitoring system.
- The provider had a quality monitoring system, which provided an overview as to the service being provided. Where shortfalls were identified an action plan was developed. The action plan also included the outcome of external monitoring by the local authority and CQC. This supported the provider in making the necessary changes to bring about improvement.
- Systems and processes to manage risk had improved. Potential risks to people's health, safety and welfare were assessed and regularly reviewed which had led to good outcomes for people. A member of staff told us, "Care staff have been involved in the designing of care plans to ensure they are person-centred and based on staff's knowledge of people's needs."
- People's care records were now stored electronically. Staff updated records detailing the care provided throughout the day. This provided an up to date account of the care and support provided. The system was monitored by the management team.
- Staff were aware of the importance of accurate and timely documentation of people's care and support. A staff member told us, "The registered manager has spoken to all staff about the significance of reporting and

documenting all care interactions, and has included the importance of decision making." This showed staff understood their role and responsibilities in completing accurate records regarding the care provided, and the decisions they made about people's care and support.

- The registered manager, supported by staff had changed the culture of the service, which included opportunities for people to comment on the service they received. Surveys had been sent to people and their relatives in July 2022, these had been analysed and an action plan produced. The action plan included the provider's commitment to ongoing refurbishment and decoration and the creation of a lounge to facilitate residents visitors. We noted these actions had been completed. A survey for 2023 was in the process of being distributed.

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

- People spoke positively of the staff and of the care and support they received. A person told us, "The staff are friendly, caring and wonderful". A second person said, "I like it here, it's a good place. The staff are friendly and helpful." A relative told us, "Every time I've been here, the staff have been very welcoming, and asked my [family member] where they would like us to sit, and we come into this lovely room. They offer us a drink and bring it straight to us, which I think is lovely."
- People knew who the registered manager was. They told us they would have confidence in speaking with them, or the deputy manager if they had any concerns.
- Staff spoke positively of the support they received from the management team. Staff received constructive guidance and support on areas which required improvement, and received positive feedback as to what was working well.

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 worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.

Continuous learning and improving care; Working in partnership with others

- The operation manager spoke of the continued development of their internal quality monitoring and audits to reflect the changes being brought in by the Care Quality Commission (CQC) in how we will regulate services in the near future.
- There was a commitment to staff development. A member of staff told us how they had been supported by the registered to gain a vocational qualification in care and had been certified to provide moving and handling training to other staff, by successfully completing a 'Train the Trainer' course.
- Staff consulted with healthcare professionals such as community nurses and GP's and followed their guidance and advice.