

Review of compliance

<p>HC-One Limited Leacroft</p>	
<p>Region:</p>	<p>East Midlands</p>
<p>Location address:</p>	<p>120 Colchester Road Leicester Leicestershire LE5 2DG</p>
<p>Type of service:</p>	<p>Care home service with nursing</p>
<p>Date of Publication:</p>	<p>November 2011</p>
<p>Overview of the service:</p>	<p>Leacroft provides nursing and personal care for up to 19 adults under the following regulated activities:- Accommodation for persons who require nursing or personal care Treatment of disease, disorder, or injury Diagnostic and screening procedures The service caters for people with learning disabilities, some of whom also have physical disabilities.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

**Leacroft was not meeting one or more essential standards.
Improvements are needed.**

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Outcome 04 - Care and welfare of people who use services
- Outcome 05 - Meeting nutritional needs
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 10 - Safety and suitability of premises
- Outcome 13 - Staffing

How we carried out this review

We reviewed all the information we hold about this provider.

What people told us

The people whose care we focused on during this inspection were unable to give their views about the service verbally due to their learning disabilities. However we observed them in the home taking part in activities, interacting with staff, and having a meal. We also spoke with three relatives to get their views on the care provided at Leacroft.

The people who used the service appeared calm and relaxed in the home and to have good relationships with the people who cared for them. Some were taking part in activities during our visit. Two people went out with staff in the minibus to visit a park and seven people had an individual 20 minutes aromatherapy session with a visiting therapist.

Relatives told us the care was good at the home. One said, "I have no worries about the care. (My relative's) had their health problems and the home have done something about them and taken (my relative) to the doctor if that was needed." Another told us, "My relative's always clean and neat when I visit and seems happy enough."

They also said they thought people were safe at Leacroft. One told us, "I know (my relative) feels safe at Leacroft because when we go out (my relative) is always happy to return to the home." They also said they knew who to go to if they had a complaint and that the manager was available if they needed to talk to her about anything.

And they told us they were satisfied with the premises. One person said, "The premises

seem OK. It's always clean when I visit and I'm pleased my relative doesn't have to share a room." Another commented, "My relative has had new furniture in (their) room and it's good quality."

Relatives also gave us their views on the staff team. One person said, "Some of the staff are absolutely brilliant and they've been there for a long time, as long as my relative has been there, so they know them very well." Another commented, "The staff seem good and caring and they get on well with the residents."

What we found about the standards we reviewed and how well Leacroft was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People received the care they needed and were encouraged to make choices about all aspects of their daily lives. Staff knew how to communicate effectively with the people they cared for.

Outcome 05: Food and drink should meet people's individual dietary needs

People have a choice of meals and the food served is nutritionally balanced. Care plans must contain accurate information about people's nutritional likes and dislikes. The way meals are served should be reviewed to see if they can be made to appear more appetising. Dining rooms should be made more homely and conducive to eating.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Staff were trained in safeguarding and knew what to do if they had concerns about a person's well-being.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

Improvements were needed to the premises. An audit should be carried out and improvements made where necessary to help ensure the home provides a good standard of accommodation for the people who use the service.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

Some staff interacted well with the people who used the service and had a warm and caring approach. Others were not as effective and would benefit from further training/supervision.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the

improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

The people whose care we focused on during this inspection were unable to give their views about the service verbally due to their learning disabilities. However we observed them in the home taking part in activities, interacting with staff, and having a meal. We also spoke with three relatives to get their views on the care provided at Leacroft.

Relatives told us the care was good at the home. One said, "I have no worries about the care. (My relative's) had their health problems and the home have done something about them and taken (my relative) to the doctor if that was needed." Another told us, "My relative's always clean and neat when I visit and seems happy enough."

People were taking part in activities during our visit. Two people went out with staff in the minibus to visit a park. Seven people had an individual 20 minutes aromatherapy session with a visiting therapist.

Other evidence

Care plans were comprehensive and addressed all aspects of people's lives including personal and health care, moving and handling (where applicable), activities, cultural needs, and eating and drinking. Staff consulted with experts if a person's needs changed or increased. Records showed input from a range of external health care professionals including consultants, occupational therapists, specialist nurses, and speech and language therapists.

If changes had to be made, for example if a person's care plan had to be significantly

altered, or new equipment purchased, the manager involved the DoLS (Deprivation of Liberty Safeguards) team and an advocate where necessary. This helps to ensure that the people who use the service get the care that's in their best interests.

Risk assessments were in place and had been monitored and updated. For example a risk assessment for a person who has 'behaviour that challenges the service' had been continually reviewed, in conjunction with a psychiatrist, and showed a reduction in challenging incidents and staff managing their behaviour effectively.

When we visited staff were in the process of introducing 'PCPs' (person-centred plans) for the people who use the service. These were being completed by key-workers in conjunction with the people themselves and, where possible, their family members and friends. They will help to ensure that people's wishes are respected when decisions are made about their care and future plans.

We talked to a team leader about caring for people with learning disabilities. They had a good understanding of the needs of the people who use the service. They also understood their responsibilities under the Mental Capacity Act, including the use of 'best interest' assessments. They told us that one person was receiving 'covert medication' (in this case medication hidden in food) and this had been agreed with relevant health care professionals and formed part of the person's care plan.

All the people who use the service had 'communication passports' which gave staff the information they needed to communicate effectively with them. For example, care plans stated how people communicated what they wanted vocally (using sounds) and with facial expressions. Information was provided as to what it was thought they were trying to communicate, for example if they were happy, sad, or in pain.

Staff demonstrated a good understanding of how best to communicate with the people who use the service. A care worker told us, "When I first worked here I had to keep checking care plans to find out what people wanted. Now I've learnt to understand them better and they can usually tell me what they want themselves using body language."

When we visited we saw one person being moved in a wheelchair without footplates, which meant they had to lift their feet off the ground as they went along. This was potentially risky as people's feet can get caught under wheelchairs. We asked why the footplate was not being used and staff were unable to give us an explanation. Another person was constantly startled by an internal door banging by staff going in and out. This was despite there being a sign on the door asking staff to close it quietly.

We discussed these incidents with the manager who agreed to address them with the staff concerned.

Our judgement

People received the care they needed and were encouraged to make choices about all aspects of their daily lives. Staff knew how to communicate effectively with the people they cared for.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

There are minor concerns with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

The people whose care we focused on during this inspection were unable to give their views about the service verbally due to their learning disabilities. However we observed them in the home taking part in activities, interacting with staff, and having a meal. We also spoke with three relatives to get their views on the care provided at Leacroft although they did not comment on the food.

We sat with people while they had their lunch. The day's menu was available in pictures on notice boards throughout the home. We saw one person go to the notice board with a member of staff to have a look at the choices available. Dining rooms were not prepared in advance and tablecloths were removed before food was served.

Some people appeared to enjoy their meals, while others refused them or ate very little. One person pushed away their main course and then their dessert. Staff then offered them a banana which they accepted. Another person shook their head when the food arrived and two people who had got up late also indicated they didn't want any lunch.

Although nutritionally balanced, some of the food looked unappetising. People on soft diets had their meals pureed all together so it was difficult to tell what they were meant to be eating.

Other evidence

People's nutritional needs and likes/dislikes were in their care plans and had been reviewed and updated. Records were kept of what people had eaten each day. One care plan told staff not to put pressure on one person if they refused their meal, but to

offer them something else later on. This was done.

One staff member told us that sometimes people enjoy their meals and on other days they don't. She said it depends on their mood. She told us that staff usually know people's likes and dislikes and can look in their care plans if they're not sure.

One person ate their meal in the lounge, with a member of staff sitting to their right hand side. This was consistent with their care plan. Their meal was pureed, with the various items mixed together. The manager said this was because they liked it this way. However their care plan did not contain this information and must be updated.

A review should be carried out of how meals are served to the people who use the service. Dining rooms should be made more homely and conducive to eating, for example with the use of tablecloths, flowers, and pictures (where appropriate).

Staff should prepare people for their meals in advance by getting the dining room ready so it is clear that a meal is about to be served. Consideration should also be given to how soft food is presented to see if it can be made to look more appetising. Different items should be prepared separately (rather than mixed in together) so people get to taste a range of flavours.

Our judgement

People have a choice of meals and the food served is nutritionally balanced. Care plans must contain accurate information about people's nutritional likes and dislikes. The way meals are served should be reviewed to see if they can be made to appear more appetising. Dining rooms should be made more homely and conducive to eating.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

The people whose care we focused on during this inspection were unable to give their views about the service verbally due to their learning disabilities. However we observed them in the home taking part in activities, interacting with staff, and having a meal. We also spoke with three relatives to get their views on the care provided at Leacroft.

The people who use the service appeared calm and relaxed in the home and to have good relationships with the people who cared for them.

All three relatives told us they thought people were safe at Leacroft. One said, "I know (my relative) feels safe at Leacroft because when we go out (my relative) is always happy to return to the home."

The also said they knew who to go to if they had a complaint and that the manager was available if they needed to talk to her about anything.

Other evidence

The manager told us that safeguarding awareness was a priority in the home due to the vulnerability of the people who use the service. All staff were trained in safeguarding and had had recent refresher training. The manager's latest supervision sessions for staff focused on safeguarding/ whistleblowing. This will help to ensure that staff know what to do if they are concerned about the well-being of any of the people who use the service.

Safeguarding information was displayed on the notice board in the entrance to the home so staff and visitors could see how people were protected. The care staff we spoke with understood their responsibilities with regard to safeguarding. One said, "If I saw any abuse I would go straight to the manager or the person in charge if the manager wasn't in the home."

A visiting therapist told us, "I have never seen anything here that's concerned me about how the residents are treated. They always seem relaxed in the presence of the staff. However if I did see anything I'd tell the manager immediately." They said they would like to join the Leacroft staff on safeguarding training to increase their awareness of the subject. The manager said this was a good idea and she would arrange it.

Our judgement

Staff were trained in safeguarding and knew what to do if they had concerns about a person's well-being.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are moderate concerns with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

The people whose care we focused on during this inspection were unable to give their views about the service verbally due to their learning disabilities. However we observed them in the home taking part in activities, interacting with staff, and having a meal. We also spoke with three relatives to get their views on the care provided at Leacroft.

Relatives told us they were satisfied with the premises. One person said, "The premises seem OK. It's always clean when I visit and I'm pleased my relative doesn't have to share a room." Another commented, "My relative has had new furniture in their room and it's good quality."

Other evidence

All areas of the home were clean and warm. Bedrooms were personalised and some were newly decorated in colour schemes chosen with the help of the people who use the service and their families. Communal areas were tidy and clutter-free so people with limited mobility could move about easily.

Two parts of the home had rooms that were deprived of natural light, possibly due to tall surrounding trees. This could be an issue of concern for people, particularly those with a visual impairment. Action must be taken to improve the lighting in these rooms, for example by cutting back the trees that overlook the windows.

Some bathing/shower rooms had a musty damp smell possibly due to having no means of natural ventilation. One toilet had a fixed raised seat with legs that were corroded and therefore difficult to clean and a risk with regard to infection control. The carpet in

one of the lounges, although clean, was stained and worn. All these issues must be addressed.

One bathroom was out of action due to being unsafe. This was because the bath was against the wall, static, and too low for staff to safely use it. As a result the people who lived in this area of the home could not choose to have a bath if they wanted one. The manager said she would like an up to date 'island' parker bath installed, and intends to approach the owners to request this.

Our judgement

Improvements were needed to the premises. An audit should be carried out and improvements made where necessary to help ensure the home provides a good standard of accommodation for the people who use the service.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

The people whose care we focused on during this inspection were unable to give their views about the service verbally due to their learning disabilities. However we observed them in the home taking part in activities, interacting with staff, and having a meal. We also spoke with three relatives to get their views on the care provided at Leacroft.

Relatives gave us their views on the staff team. One person said, "Some of the staff are absolutely brilliant and they've been there for a long time, as long as my relative has been there, so they know them very well." Another commented, "The staff seem good and caring and they get on well with the residents."

Other evidence

A member of the care staff team said she'd been well-trained at Leacroft and liked working there. She told us, "Most the staff here seem committed to their work and genuinely care about people who live here. A visiting therapist told us she thought staff provided good care to the people who use the service. She told us, "In general I'm impressed with their attitude to the residents. They keep them clean, and they keep them occupied."

We saw that some staff interacted with people well. They had a warm and caring approach and joked with the people who use the service, making them smile. One person's face lit up when a team leader came into the room and spoke to them. In general the people who used the service appeared to like and get on well with the staff team.

However a minority of staff appeared more reserved and less likely to interact with the people who use the service. In one area most people were sitting in the lounge with the television on. Staff were not seated with them and there was minimal staff interaction. Two staff sat in a dining room writing notes, whilst a person who uses the service sat by themselves. In the entrance hall a person was waiting in their wheelchair to go out. The staff member accompanying them was reading a magazine rather than interacting with them.

We discussed staff attitudes with the manager who acknowledged that some staff performed better than others. She said she had tried to address this through supervision, and by moving experienced staff around the home so they could lead by example.

Despite this some staff were still not engaging properly with the people who use the service, although the manager said this could have been because they felt anxious due to the inspection. However the manager agreed to identify staff who were still underperforming and provide them with further training/supervision as necessary.

Our judgement

Some staff interacted well with the people who used the service and had a warm and caring approach. Others were not as effective and would benefit from further training/supervision.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	Why we have concerns: The way meals are served should be reviewed to see if they can be made to appear more appetising. Dining rooms should be made more homely and conducive to eating.	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	Why we have concerns: Some staff were not working as effectively as they could and would benefit from further training/supervision.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	How the regulation is not being met: Care plans must contain accurate information about people's nutritional likes and dislikes.	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	How the regulation is not being met: Improvements were needed to the premises. An audit should be carried out and improvements made where necessary to help ensure the home provides a good standard of accommodation for the people who use the service.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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