

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Leacroft

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✗	Action needed
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	HC-One Limited
Overview of the service	This service provides personal care for up to nineteen people with learning disabilities. A number of people also have physical disabilities.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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Due to communication difficulties that people had, it was not possible to speak with anyone who lived in the home. Instead we observed to see how care was provided to people. We found that, generally, staff were providing suitable care in a friendly and encouraging way.

We spoke with five representatives of people. They all told us that the care that staff provided was generally good. One relative said: "care always seems to be pretty okay".

This was largely a positive inspection. Representatives of people said that care was good. The main issues identified were to ensure nutrition always meets people's needs. There were a number of suggestions; that long staff shifts of up to 14 hours are shortened to reduce to staff fatigue which effect the quality of service offered. Staff to always ensure that TV or radio programmes are people's own choice. That outings are offered to people on a more regular basis. For a snoozelum room to be provided to give more stimulation to people. And for staff to be trained in palliative care.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 15 June 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

The provider has met this regulation. People had experienced care and treatment that met their needs.

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### Reasons for our judgement

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We received information from the safeguarding authority which outlined that the service had not fully monitored a person's diabetic needs, so we followed up this issue.

We spoke with five representatives of people. They told us they had the opportunity to have been involved in making sure that care plans met their relative's needs. They all said that generally staff provided good care and attention. One person said; "I have never had a problem with the care there".

One person said that staff needed to deal with a person's stubborn behaviour in a more relaxed way to gain the person's trust. The person also said that she sometimes found inappropriate music or TV channels on, which were not of interest to people. The manager said these issues would be followed up.

We observed care in one lounge for one and a half hours. We found that staff were friendly to people. They gave people choices, for example, of drinks and food and whether they wanted to go out. Staff chatted to people and used people's names when speaking with them. They provided activities, such as going through a photo album with a person.

There were two issues of concern. Music was being played loudly when the TV was on, when no one was listening to the music or looking at the TV. On another occasion the nurse in charge asked a staff member why a music channel was on the TV when no one was listening to it. She then took action and gave a person a choice as to which channel he wanted to watch. Management may wish to note that people always need to be consulted as to what activity they want to have.

We saw that each person who used the service had a file containing their care plan. There was relevant information that staff needed to meet people's care needs. We found that information was sometimes difficult to locate as there was no indexing system, which wasted time trying to find it. The manager agreed that this was the case. He showed us

evidence that he was trying to reorganise files to make them more accessible for staff.

We asked two staff if they had read care plans. They said they had. This meant that people were more likely to have received care that met their needs.

We looked at accident records. This information indicated proper action following injuries. This protected peoples health needs.

Relatives confirmed to us that the service was very good in keeping them informed about any medical issues. We saw that the service had developed health action plans for people. This acted as a further check to ensure that that people's needs were met.

We looked at three care plans. We saw evidence in care plans that people's health needs were assessed and acted upon. We saw risk assessments in place. Risk assessments are designed to ensure that people were kept as safe as possible.

In one care plan we saw, there was information on how to assist a person who had epilepsy. This detailed the specific support that needed to be given by staff.

It also outlined the person's diabetic needs. It stated that the person needed small snacks between meals. However, it did not specify what the snacks needed to consist of. Management may wish to know that this information is needed to ensure the person is protected against eating food which could be bad for their needs.

We looked at a care plan for a person who needed assistance with continence and catheter care. There was information in place about the type of assistance that needed to be in place to maintain this condition and protect dignity. This Included specific details such as prompting the person to go to the toilet, encouraging a high fibre diet and observation of pressure area care.

We saw another care plan which detailed measures that needed to be in place to protect the person from pressure sores developing. We saw that the person was turned regularly at night to protect his skin. We also saw suitable equipment in place to protect skin viability. This meant that this persons health needs had been protected

We also saw some information about people's life history, and their likes and dislikes. This provided is an individual picture of a person. This helped staff to understand and appreciate the person's individual needs.

We saw a number of people who went out to activities in the community. We received some comments that it would help people's quality of life if they had more opportunities to go out to places such as coffee shops, garden centres. The manager said he would review this issue to see if more activities could be provided.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was not meeting this standard.

The provider had not met this regulation. People were not fully protected from the risks of inadequate nutrition.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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There was a recent safeguarding issue where the service was found not be providing suitable meals and snacks for a person, so we followed up this issue.

We spoke with five representatives. They told us they did not often see what food was available. However, what they saw appeared suitable.

During our inspection, we found that people were provided with a choice of fresh fruit. They were also provided with drinks to prevent dehydration.

We also saw that people had a choice of three meals at lunchtime. Food appear to be generally suitable. However, the fish and chips available were processed, dry and lacking in taste. The cook agreed this was the case. Management may wish to note that the provision of fresh food would provide tastier food for people.

We found that a number of people, as assessed in their care plan, were on a soft diet to protect their assessed health needs. There was information in one care plan as to what a soft diet should consist of. The mushy peas that accompanied the fish and chips were not suitable for a soft diet, as detailed in this information. We asked the cook whether she had relevant information to refer to in providing suitable foods. She said that she had this information though she could not locate it at the time. She said she had had no specific training as to this issue. This situation did not promote peoples health needs.

We looked at a person's care plan. We found out the person was being weighed on a regular basis. In February 2013 the person was weighed. Two weeks later the person was weighed again. There was a recorded weight loss of more than six kilos between the two dates. We saw evidence that staff had appropriately referred the person to a dietician to promote his health needs.

In another care plan, we found that another person had been referred to a dietician. This had been carried out months before. Since that date staff had written to the service but had not received a reply. There was no evidence that telephone contact had been made to

follow this up. This meant that a person's health needs had not been fully protected.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

The provider has met this regulation. People who use the service were protected from the risk of abuse, because the provider had a system in place.

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## **Reasons for our judgement**

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We received information from the safeguarding authority. This stated that the service had not fully protected people's needs regarding their finances, so we followed up this issue.

We spoke with five representatives. They all told us they had no doubt that their relatives were perfectly safe living in the service. One relative said; "I have never worried about this".

We looked at a sample of people's monies held by the home. We found that the system in use clearly showed incomings and outgoings for monies, with signatures to confirm transactions. We asked the manager why the appointee for some people's monies was the company. He said that the social services department did not want to take on this responsibility, or that people did not have relatives available to carry this out.

We saw evidence that staff had been trained in using the whistleblowing procedure. We looked at the information available to staff. We found procedures describing different types of abuse and how to properly report any incidents.

We spoke with two staff members. They were aware of how to use the whistleblowing procedure, of how to report incidents to appropriate outside agencies, if management had not properly acted to protect people.

We looked at the whistleblowing procedure. This contained information about reporting such incidents to the management of the company. The manager added contact details of the lead agency to the procedure. This meant that staff had information of how to report these situations to the relevant authority. Consequently a system was in place to enable staff to follow proper action to protect people.

We followed up the compliance action at the last inspection. This was made because not all safeguarding incidents had been reported to us. On this inspection, we found that a situation that could well have been interpreted as a safeguarding incident. Management may wish to note that the lead agency should be contacted to confirm whether such an issue is to be treated as such. It then is reported to us so that we consider action to protect

people in the service.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

The provider has met this regulation. The provider had arrangements in place to manage medicines.

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## **Reasons for our judgement**

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No representatives reported any problems with people receiving proper assistance with their medication.

We saw various measures in place to ensure medication was safely given to people. This included a daily printout which showed if medications had been supplied for the day in question. The system had a built-in alert if medication had not been supplied. This acted as a reminder for staff to issue prescribed medication.

Medication was observed to be stored securely. We looked at medication records for controlled medication. These were found to be up to date and medications were checked and found to be in order.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

The provider has met this regulation. People were cared for by staff that had been supported to deliver care and treatment.

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## **Reasons for our judgement**

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We had a concern from the last inspection that staff had not received comprehensive training to meet people's needs, so we followed up this issue.

We did not ask people about this issue. All representatives, except one, informed us that staff appeared to be well trained. One person said that staff needed palliative care training to deal with issues she had found. The manager said this would be followed up.

We asked three staff members about the training they had received. Staff said that the training they had received was detailed. They had been trained in relevant issues such as infection control, protecting people from abuse, learning disabilities, visual impairment, emergencies, equality and diversity and moving and handling. .

We saw evidence that training was to be supplied in diabetes and catheter care. Training has not yet been carried out for all people's conditions such as dementia, hypertension, and spina bifida. Management may wish to note this is needed to ensure that care is always appropriate for people who have differing health conditions. The manager recognised this and said that this training would be organised.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

The provider has met this regulation. A system was in place to deal with complaints.

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**Reasons for our judgement**

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The representatives spoke with all, except one, said they had never needed to have made a complaint. Two people said that the manager was very good and they had confidence he would effectively deal with any issues they raised. One person said he had made a complaint about a year ago and it had been properly followed up.

In the complaints folder, we saw that one complaint had been made in the past six months. This information detailed the complaint and the action taken. However, there was no evidence of a letter being sent back to the complainant which detailed the findings of the investigation. Management may wish to note that this is needed so that the complainant can see whether issues had been properly investigated and followed up. And that systems had been put into place to prevent issues occurring again.

We looked at the complaints procedure in the service user's guide. We found that this outlined the home's responsibility to investigate complaints. The manager added the lead agency, the local authority as the agency responsible for investigating complaints, if people had not been satisfied with the organisation's investigation.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Meeting nutritional needs</b>
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> A proper soft diet had not always been provided to protect peoples health needs.

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 by 15 June 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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