Inspection Report

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

# The Foundation of Lady Katherine Leveson

Masters House, Kenilworth Road, Knowle, Solihull , B93 0AL

Tel: 01564772850

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

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| **Care and welfare of people who use services** | ✓ Met this standard |
| **Records** | ✓ Met this standard |

## Details about this location

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| Registered Provider | The Foundation of Lady Katherine Leveson |
| Registered Manager | Mrs. Dorothy Collis |
| Overview of the service | This location is registered to provide accommodation for a maximum of 30 people who require personal care. It is also registered to provide personal care to people living in the supporting housing scheme on the same site |
| Type of services | Care home service without nursing<br>Domiciliary care service |
| Regulated activities | Accommodation for persons who require nursing or personal care<br>Personal care |

# Contents

*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'.*

## Summary of this inspection

### Why we carried out this inspection

We carried out this inspection to check whether The Foundation of Lady Katherine Leveson had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Records

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 January 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 people who use the service and talked with staff.

### What people told us and what we found

We inspected The Foundation of Lady Katherine Leveson in July 2012 and found the provider was not complying with the regulations relating to the management of records. This meant we could not be confident that risks associated with people's care were being identified and managed appropriately.

We told the provider they must make improvements. We inspected the service again in November 2012. Insufficient improvements had been made so we issued a warning notice to the provider and manager. This required them to become compliant with Regulation 20 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 by 18 December 2012.

We carried out an unannounced inspection to The Foundation of Lady Katherine Leveson on 2 January 2013 to check sufficient actions had been taken to comply with the warning notice. We also reviewed people's care to check that their needs were being met.

We found that sufficient improvements had been made for the service to be compliant with the warning notice. Care records had been reviewed so that they contained accurate information about people's needs and risks associated with their care. They also contained information about what support they needed from staff to ensure their needs were met.

People we spoke with were positive about the care they received. We were told: "On the whole they do pretty well really". "They are very good."

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

## More information about the provider

Please see our website 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**

### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

### Reasons for our judgement

We spoke with two people whose care we reviewed and observed the care of others. People told us they were satisfied with the service and felt their care needs were being met. They told us: "On the whole they do pretty well really". "They are very good."

We saw some people had chosen to sit in the communal lounge and watch television. Others had chosen to stay in their flats. People told us they liked to have their independence and choose how to spend their day.

When we looked at the care records for the two people we were reviewing we saw that one person had lost weight over a seven month period. The service had recently reviewed this person's care and their weight loss had been identified. There were detailed actions on what needed to be done to manage this. We saw weight monitoring charts had been changed to weekly monitoring instead of monthly to help staff identify any weight loss and act upon it earlier. We saw that staff were monitoring what the person was eating and drinking to make sure this was sufficient to maintain their health. The latest records showed the person's weight had increased over a three week period.

Staff told us about a person who had recently fallen and sustained a fracture. We saw that following this a review of their care had been carried out. This included an action to move them closer to the main building. Staff explained that the layout of the new flat would be beneficial to them. Staff also explained they could more easily monitor the person and told us they regularly called in to check they were alright. We visited the person who told us: "I like it very much" (referring to their new flat).

We spoke with one person who showed us their swollen legs. They told us they suffered with fluid retention and one of their legs had become infected. We asked if they were elevating their legs to help manage the fluid retention. They told us: "I am better with them down." Staff were aware of the need to encourage the person to elevate their legs and told us that the person knew themselves that this should be done. The person told us that the nurse regularly visited them to attend to their dressing. They told us that they were happy with the care they were receiving.

At lunch time we saw that people were given a choice of meals and drinks. There were staff available to give assistance where this was needed. We saw that a person with swallowing difficulties was provided with a soft diet. A member of staff sat with them to help them eat and drink. One person we spoke with told us: "The food is very good." Another person told us they had a health condition which meant they had to avoid some foods. They told us how the catering staff had worked with them to make sure they had the food they needed.

We saw a range of specialist equipment in use within the home to support people's needs. This included walking frames, pressure cushions and inflatable supports for limbs to prevent sore areas developing on the skin.

**Records** ✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

## Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

## Reasons for our judgement

During our visits to the home in July and November 2012 we found care records were not always clear, accurate or up-to-date. This meant we could not be confident that people's needs would be met effectively. We carried out this visit to check action had been taken to address the concerns we had identified.

We were told that all care records had been recently reviewed so they were all up-to-date. We were also told about new 'action sheets' introduced into files to help staff make sure people's needs were met. For example, staff would record an action to organise a district nurse visit. This action sheet would be kept in a staff file until this had been done, upon which, the sheet would then be transferred into the person's care file.

We selected two care files at random to review. We saw that each person had a "Daily Routine" record showing how they liked to spend their day. This included areas where they wanted to maintain their independence.

We looked at a care file for a person who had lost weight. Food and fluid charts had been implemented to show how much food and fluids the person had consumed. This helped staff to identify if the person was eating and drinking enough to maintain their health. Those charts viewed had been completed consistently. This same person had fallen resulting in a fracture.

We looked at the accident records to see what information had been documented about this person's fall and fracture. Records showed they had fallen several times. A falls risk assessment had been completed to show how the risks of the person falling should be managed. This stated they were to be assisted at all times by a member of staff. The provider may wish to note, it was not clear from records seen that the person was able to use a call bell. This meant we could not be sure they could summon staff help when needed to prevent them from falling. We saw that this person did suffer with some confusion. It was also not clear from the falls risk assessment at what point further action should be taken. For example when to seek GP advice, if this should be done after all falls, multiple falls or just those resulting in injuries.

We were told about a second person who had an infection and fluid retention in their legs. We did not see an individual plan in place to manage these problems. However, there was information in parts of other records relating to these problems. We saw a recently completed body map showing the location of the infection in the leg. This was so staff

could monitor the area to identify any problems. We also saw a record of the district nurse visits detailing the dates when dressings had been applied to the person's legs. Action sheets showed that staff had alerted the district nurse when they felt there was a need for the dressings to be changed. During our visit the manager reviewed the care records for this person to demonstrate more clearly how the person's skin infection was to be managed.

We saw evidence that reviews of people's care were being documented on review sheets which were being kept on the care plan files. The manager told us this record sheet was still under review to ensure changes in people's health or support could be more easily identified.

During our visit we followed up on some of the concerns we found during our last inspection. This included looking at the care records for the person who we identified to have swallowing problems to see how their care was being managed. We saw an action sheet had been completed following our last inspection. This detailed that contact had been made with the GP for a new referral to the Speech and Language Therapist (SALT). Whilst this appointment was awaited, the manager had reviewed their nutritional care plan assessment. She advised she had done this following a discussion with the GP so that staff had clearer instructions on how the person's food and fluids should be managed.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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.

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| ✓ **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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**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.

**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.

**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

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:

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| 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)

### (Registered) Provider

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'.

### Regulations

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

### Responsive inspection

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

### Routine inspection

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

### Themed inspection

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

## Contact us

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